



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

September 3, 2002

FOR: FOOD STAMP CERTIFICATION MANUAL DISTRIBUTION

FOOD STAMP CERTIFICATION MANUAL – VOLUME V

TRANSMITTAL #54

This transmittal contains the following:

- Policy changes resulting from the passage of the Farm Bill in May 2002, reauthorizing the Food Stamp Program through 2007;
- Information relating to the annual mass changes in income limits, deductions, and allotment tables; and
- Minor clarifications or corrections.

The policy changes from the Farm Bill are:

- A variable standard deduction based on household size;
- An increased resource limit from \$2,000 to \$3,000 for households with a disabled member;
- Elimination of the \$25 cap on supportive services for the Food Stamp Employment and Training (FSET) Program; and
- Restoration of eligibility to qualified immigrants who are otherwise eligible and who are receiving disability benefits regardless of date of entry. Current rules require them to have been in the country on August 22, 1996.

These changes were moved into ADAPT production the night of August 28, 2002, so that eligibility determinations effective October 2002 reflect the revision in the policy.

The annual mass change revised the maximum income limits and benefit amounts effective October 1, 2002. In addition to the income eligibility and benefit amount changes, the utility and telephone standard amounts, the shelter deduction and meal rates for day care providers also changed.

Most of the clarifications continue the task of deleting references to food coupons and Authorization To Participate (ATP) cards, and include language relating to Electronic Benefits Transfer (EBT) as the issuance method in the state.

The provisions of this transmittal are effective for eligibility determinations for October 1, 2002, and thereafter.

Guidance for maintenance of the manual follows.

Remove Page(s)	Insert Page(s)	Significant Changes
Table of Contents Pages i-ii, v-viii	Table of Contents Pages i-ii, v-viii	Chapter titles were updated.
	Abbreviations Page i	A list of common abbreviations and acronyms was added.
Definitions Pages 1-2	Definitions Pages 1-2	The "disabled person" definition was revised to include the \$3000 resource limit and the evaluation of immigrants.
Part I Page i	Part I Page i	The Table of Contents was revised.
Pages 1-9	Pages 1-9	References to food coupons and obsolete food stamp issuance systems were deleted and replaced with explanations about Electronic Benefit Transfer. Page 3 clarifies that authorized agents of the state or local agency may have access to the EBT administrative terminal. Pages 3-5 have reformatted margins. On page 7 under Disclosure of Information, a clarification that the local agency may not disclose scheduled appointment dates or times was added.
Part II Pages i-ii	Part II Pages i-ii	The Table of Contents was updated to streamline the section about Authorized Representatives and delete the reference to the ID card.
Pages 25-36	Pages 25-31	These pages deal with Authorized Representatives. References to ATP cards and coupons were deleted. The section about

Remove Page(s)	Insert Page(s)	Significant Changes
		<p>representatives obtaining coupons was deleted; once the representative has an EBT card, he or she can use the benefits. There is a clarification that agency employees who update the EBT Administrative terminal may not serve as authorized representatives unless no one else is available to serve in that capacity. On page 29, a statement that a household may have multiple representatives to use its benefits was deleted. Under EBT, a household may have only one such representative. On pages 29-30, information relating to treatment facilities and group homes was consolidated and moved to part VI.</p> <p>In Section J, the reference to ID cards was eliminated. With EBT, Virginia no longer issues ID cards to households.</p>
Appendix I, Pages 1-3	Appendix I, Pages 1-3	References to AFDC were changed to TANF.
Part III Pages 13-14	Part III Pages 13-14	On page 14, under Fair Market Value of Vehicles, the word "licensed" was deleted; agencies must determine the fair market value of any vehicle, including unlicensed ones.
Part VI Page i	Part VI Page i	The Table of Contents was revised to include a new chapter.
Pages 3-4	Pages 3-4	The special income amounts for separate household status for disabled, elderly persons were revised.
Pages 7-8	Pages 7-8	The minimum amounts to establish boarder status were revised.

Remove Page(s)	Insert Page(s)	Significant Changes
Page 11	Pages 11-20	A new chapter, Households in Institutions was added. The chapter consolidates requirements for residents of institutions. The information, previously included in Parts II and VII, was revised to delete references to coupons and ATP cards and to add instruction about EBT issuance of benefits.
Part VII Page i-ii	Part VII Page i	Page numbers were corrected.
Pages 1-20	Pages 1-16	<p>On page 1, explanations of non-financial criteria were simplified. On pages 2-3, the definition and explanations of eligible institutional residents were simplified, and discussions about the responsibilities of institutions were moved to Part VI.</p> <p>On Page 8, a clarification was added that the refugee category includes victims of human trafficking.</p> <p>On Page 10, in item 2.a.2., the requirement that a disabled immigrant reside in the U.S. as of 8/22/96 was deleted.</p>
Part IX Pages 1-2	Part IX Pages 1-2	<p>The definition of "equity" was clarified. "Fair market value minus encumbrances" means the contract amount owed, not the current amount of the payoff.</p> <p>The \$3,000 resource limit is extended to households with a disabled member.</p>
Pages 9-10	Pages 9-10	The definition of adjoining property was reworded for clarity; the policy has not changed. On Page 10, a cross reference for vehicles was corrected.

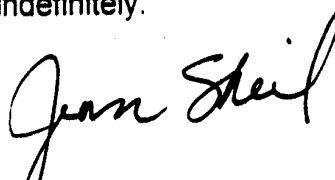
Remove Page(s)	Insert Page(s)	Significant Changes
Part X Page i	Part X Page i	Page numbers were updated.
Pages 1-8	Pages 1-8	On Page 1, the standard deduction is revised to vary by household size. On Page 2, the maximum shelter deduction is revised. On Page 3, the utility standards are revised. On Page 6, the telephone standard is revised.
Part XI Pages 1-2	Part XI Pages 1-2	Gross and net income limits are revised.
Part XII Pages 5-6	Part XII Pages 5-6	A statement was added about the payment on the principal as an allowable cost of self-employment. Amounts for meals and snacks for the cost of doing business for day care providers are revised.
Part XIV Page i	Part XIV Page i	The Table of Contents was revised to delete the chapter about the responsibility for issuance when households move.
Pages 11-12	Pages 11-12	The section on retaining a case after a household moves temporarily was revised to delete references about an agency's issuance system.
Pages 15-16	Pages 15-16	The chapter that outlines agency responsibility for issuance after a household moves was eliminated since local agencies are no longer responsible for issuing benefits.
Part XV Pages 1-2	Part XV Pages 1-2	Determining the number of volunteer hours for a person to meet the work requirement must be based on the household's allotment, not the individual member's share of it.

Remove Page(s)	Insert Page(s)	Significant Changes
Part XVI Page i	Part XVI Page i	Page numbers were revised.
Pages 1-6	Pages 1-5	References to coupons were deleted. On Page 5, the instructions for restoring benefits to households in another locality were revised to reflect EBT issuance.
Part XVII Pages 3-4	Part XVII Pages 3-4	A clarification was added that the agency does not need to factor in 10 days for agency action in determining the first month a change would have been effective had it been reported on time.
Part XVIII Entire Chapter	Part XVIII Entire Chapter	This chapter is revised and renamed from "Replacement of ATP Cards and Coupons" to "Replacement of EBT Cards, Benefits, and Food" because Virginia no longer issues ATP cards or paper coupons. Some of this material is also in the EBT Policy and Procedure Guide.
Part XXI Entire Chapter	Part XXI Entire Chapter	This chapter describes procedures that would be taken if USDA determines that an across-the-board reduction in benefits is warranted. (To date, we have never had to invoke these procedures.) The text was revised to delete references to ATP cards and coupons, and clarify that the statewide computer system would need to be modified so households would receive the correct amount of benefits.
Part XXIII Entire Chapter	Part XXIII Entire Chapter	The allotment tables were revised. Please note that USDA's allotment tables continue to round the allotments of \$1, \$3 and \$5 to \$2, \$4 and \$6.

Remove Page(s)	Insert Page(s)	Significant Changes
Part XXIV Pages i-ii	Part XXIV Pages i-ii	The Table of Contents was updated to show revised versions of several forms and the deletion of the identification card and the Record of Entitlement to Lost Benefits.
Pages 1-18	Pages 1-18	The revised application form was included.
Pages 20-25	Pages 20-25	The review forms were revised.
Pages 27-30	Pages 27-30	The evaluation form was revised.
Pages 35-37	Pages 35-37	The form that provides information about the application processing date and hotline information and the instructions were revised.
Pages 38-39	Pages 38-39	The flyer about applicant rights was revised.
Pages 40-41	Pages 40-41	The instructions for the expedited service checklist were changed.
Pages 44-45		The program identification card and instructions were deleted.
Pages 59-60	Pages 59-60	The form to notify households about entitlement to restored benefits was revised.
Pages 61-63		The Record of Entitlement to Lost Benefits form and instructions were deleted. The information that this form captures about offsetting restored benefits against amounts owed on claims is captured in ADAPT.
Pages 73-74	Pages 73-74	The affidavit to document the nonreceipt of food stamps was replaced with a form to document the nonreceipt of the EBT card and destroyed food.

Remove Page(s)	Insert Page(s)	Significant Changes
Pages 75-77	Pages 75-77	The internal action form to authorize a manual issuance through ADAPT was replaced with the form to authorize the issuance of a vault EBT card.
Pages 83-85	Pages 83-85	The sanction notice for employment and training program noncompliance was revised.
Pages 108-111	Pages 108-111	The ADAPT evaluation and verification form was revised.
Part XXV Pages i-ii	Part XXV Pages i-ii	The Table of Contents was revised.
Pages 15-18	Pages 15-18	Chapter headings were corrected. References to the \$25 cap for supportive services were deleted.
Appendix III Page i	Appendix III Page i	The list of forms used in the FSET Program was expanded to include the communication form.
	Appendix III Pages 37-38	The communication form was added to the FSET chapter. The form remains in Part XXIV
Index Pages 1-12	Index Pages 1-12	The index was revised.

This transmittal letter must be retained indefinitely.



Jean Sheil
Deputy Commissioner
Program Operations

ABBREVIATIONS/ACRONYMS

DEFINITIONS

PART I INTRODUCTION

- A. Purpose of the Food Stamp Program
- B. History of the Food Stamp Program
- C. Issuance Systems and Food Stamp Benefit Use
- D. Personnel and Office Operations
- E. Nondiscrimination
- F. Collection of Racial/Ethnic Group Data
- G. Retention of Records
- H. Disclosure of Information
- I. Program Informational Activities
- J. Family-Based Social Services Policy
- K. Prudent Person Concept

APPENDIX I - FIPS Code Directory

APPENDIX II - USDA Field Offices

PART II APPLICATION/PROCESSING

- A. Application Processing
- B. Filing an Application
- C. Household Cooperation
- D. Interviews
- E. Waiver of the Office Interview
- F. Normal Processing Standard
- G. Delays in Processing
- H. Joint Processing and Categorical Eligibility
- I. Authorized Representatives

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PART II APPLICATION/PROCESSING (CON'T.)

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APPENDIX I - Voter Registration

PART III VERIFICATION/DOCUMENTATION

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B. Responsibility for Obtaining Verification

C. Documentation

D. Verification at Recertification

E. Verification of Nonexempt Resources

F. Income Eligibility Verification System (IEVS)

APPENDIX I - Suggested Client Letter on SSN Update

APPENDIX II - Remainder Interest Table

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B. Notice of Eligibility, Denial or Pending Status

C. Recertification

D. CHANGING THE LENGTH OF THE CERTIFICATION PERIOD

PART V EXPEDITED SERVICES

A. Entitlement to Expedited Service

B. Identifying Households Needing Expedited Service

C. Processing Standards

D. Verification Procedures for Expedited Service

E. Certification Procedures for Expedited Service

F. Destitute Migrant or Seasonal Farmworker Households

PART VI HOUSEHOLD COMPOSITION

A. The Household Concept

PART XII SPECIAL INCOME DETERMINATIONS (CON'T.)

- G. Educational Benefits
- H. Wages Held by an Employer

PART XIII ELIGIBILITY DETERMINATIONS AND BENEFIT LEVELS

- A. Determining Household Eligibility and Benefit Levels
- B. Evaluating Expenses
- C. Computation of Income and Benefit Level
- D. Proration of Benefits

PART XIV HANDLING CHANGES

- A. Changes During the Certification Period
- B. Advance Notice of Proposed Action
- C. Adequate Notice
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APPENDIX 1 - Change Procedure Charts

PART XV WORK REQUIREMENT

- A. General Provisions
- B. Work Requirement Exemptions
- C. Regaining Eligibility

APPENDIX 1 - Localities Whose Residents Are Exempted from the Work Requirement

PART XVI RESTORATION OF LOST BENEFITS

- A. Restoration of Lost Benefits
- B. Computing the Amount to be Restored
- C. Method of Restoration

PART XVI RESTORATION OF LOST BENEFITS (CONTD)

- D. Restoring Benefits to Households not Residing in the Locality
- E. Changes in Household Composition
- F. Record Keeping
- G. Disputed Benefits

PART XVII RECIPIENT CLAIMS

- A. Claims Against Household
- B. Types of Claims
- C. Calculating the Claim Amount
- D. Claim Establishment
- E. Initiating Collection Action
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- G. Collecting **IPV** Claims
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- I. Changes in Household Composition
- J. Determining Delinquency
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- L. Invalid Claims
- M. IPV Disqualification Penalties
- N. Intrastate/Interstate Claims Collection
- N. Bankruptcy
- O. Submission of Payments
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PART XVIII REPLACEMENT OF **EBT CARDS, BENEFITS AND FOOD**

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- C. Replacement of Food Destroyed in a Disaster

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- B. Right of Appeal
- C. Hearing Request
- D. Time Limits for Requesting a Hearing
- E. Local Agency Conference
- F. Participation During Appeal
- G. Preparation for the Hearing
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- I. Denial or Dismissal of Request for Hearing
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- M. Hearing Decision
- N. Implementation of Decisions
- O. Introduction to Administrative Disqualification Hearings (ADH)
- P. Initiation of ADH
- Q. Scheduling of the ADH
- R. Conduct of the ADH
- S. Notification of ADH Decision

PART XIX FAIR HEARINGS AND ADMINISTRATIVE DISQUALIFICATION HEARINGS
(CONTD)

T. Implementation of the ADH Decision

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PART XX DISASTER FOOD STAMP PROGRAM

A. Introduction

B. Major Differences Between the "Normal Ongoing" Food Stamp Program and the Disaster Food Stamp Program

C. The "Normal Ongoing" Food Stamp Program vs. The Disaster Food Stamp Program

D. Preconditions for Authorization of the Disaster Food Stamp Program

E. Assessment and Evaluation of a Disaster

F. Application to FNS for Authorization of the Disaster Food Stamp Program

G. FNS Authorization to Implement the Disaster Food Stamp Program

H. Application to FNS for Extension of the Disaster Food Stamp Program

I. Informing the Public

J. Eligibility Requirements for Disaster Food Stamp Program Assistance

K. Disaster Food Stamp Program Certification Period

L. Application Procedures for Disaster Food Stamp Program

M. Households Currently Certified Under the Normal Ongoing Food Stamp Program

N. Fair Hearing, Immediate Supervisory Reviews

O. Transition to the Normal Ongoing Food Stamp Program

P. Procedures to Minimize Duplicate Participation During a Disaster

Q. Food Stamp Identification Cards

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ABBREVIATIONS/ACRONYMS

ADAPT	Application Benefit Delivery Automation Project
ADH	Administrative Disqualification Hearing
APECS	Automated Program to Enforce Child Support
ATP	Authorization to Participate
BEERS	Benefit Exchange Earnings Report
BENDEX	Beneficiary Data Exchange
CAPS	Card Activation and Pin Selection
CSR	Customer Service Representative
DCSE	Division of Child Support Enforcement
DMV	Department of Motor Vehicles
DRS	Disqualified Recipient Subsystem
EBT	Electronic Benefits Transfer
EW	Eligibility Worker
FIPS	Federal Information Processing Standard
FmHA	Farmers Home Administration
FNS	Food and Nutrition Service
FS	Food Stamps
FSET	Food Stamp Employment and Training Program
GR	General Relief
HUD	Housing and Urban Development
IEVS	Income Eligibility Verification System
INA	Immigration and Naturalization Act
INS	Immigration and Naturalization Service
IPV	Intentional Program Violation
IRS	Internal Revenue Service
LIHEAP	Low Income Home Energy Assistance Program
NA	Nonassistance
NADA	National Automobile Dealers Association
PA	Public Assistance
PIN	Personal Identification Number
POS	Point-of-Sale
QC	Quality Control
SAVE	Systematic Alien Verification for Entitlement
SDX	State Data Exchange
SSA	Social Security Administration
SSI	Supplemental Security Income
SSN	Social Security Number
SVES	State Verification Exchange System
TANF	Temporary Assistance for Needy Families
USDA	United States Department of Agriculture
VA	Veterans Administration
VEC	Virginia Employment Commission
WIA	Workforce Investment Act

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Unless otherwise defined in specific chapters of this manual, terms defined in this section shall apply whenever the term is used.

Administrative Disqualification Hearing (ADH) - An administrative disqualification hearing is an impartial review by a hearings officer of a household member's actions to determine whether or not the member committed an Intentional Program Violation (IPV).

Application - The official request for food stamp assistance. An application may be classified as an initial or new application, a reapplication, or a recertification. See also entries for the application classifications.

Disabled Person - The definition of a disabled person that follows must be used for the:

- Determination of group home eligibility;
- Allowance of medical expenses;
- Allowance of unlimited shelter expenses
- Use of net-only income limits in determining income eligibility;
- **Evaluation of conditionally-eligible immigrants;**
- **Allowance of the \$3,000 resource limit;** and
- Allowance of a 24-month certification period.

A disabled person is one who:

- a. Is certified to receive or is actually receiving Supplemental Security Income (SSI) benefits or disability or blindness payments under one of the following titles of the Social Security Act:
 - 1) Title I, Grants to States for Old Age Assistance and Medical Assistance for the Aged;
 - 2) Title II, Federal Old Age, Survivors, and Disability Insurance Benefits;
 - 3) Title X, Grants to States for Aid to the Blind;
 - 4) Title XIV, Grants to States for Aid to the Permanently and totally Disabled; or,
 - 5) Title XVI, Supplemental Security Income for the Aged, Blind and Disabled.

This includes SSI presumptive disability payments (regular SSI Benefits for a three-month period paid to persons who will most likely meet SSI disability criteria), and SSI emergency advance payments (a single \$100 SSI payment provided to persons who appear to meet the SSI eligibility criteria who are considered in need of immediate assistance).

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- b. Is certified to receive or receives an Auxiliary Grant.
- c. Is certified to receive or receives disability retirement benefits from a governmental agency because of a disability considered permanent under Section 221 of the Social Security Act.
- d. Is certified to receive or receives an annuity payment under Section 2(a)(1)(iv) of the Railroad Retirement Act of 1974 and is determined to be eligible to receive Medicare by the Railroad Retirement Board; or Section 2(a)(i)(v) of the Railroad Retirement Act of 1974 and is determined to be disabled based upon the criteria used under Title XVI of the Social Security Act.
- e. Is a veteran with a service-connected or nonservice-connected disability rated or paid as total (100%), or is considered in need of regular aid and attendance or permanently housebound under Title 38 of the U.S. Code.
- f. Is a surviving spouse of a veteran and considered in need of aid and attendance or permanently housebound or a surviving child of a veteran and considered to be permanently incapable of self-support under Title 38 of the U. S. Code.
- g. Is a surviving spouse or child of a veteran and entitled to compensation for a service-connected death or pension benefits for a nonservice-connected death under Title 38 of the U. S. Code and has a disability considered permanent under the Social Security Act. For the purpose of this chapter, "entitled" means those veterans' surviving spouses and children who are receiving the compensation or benefits stated or have been approved for such payments, but are not receiving them.

For any household member claiming a permanent disability that is questionable, i.e., not apparent to the EW under this item of the definition of disability, the household shall, at the local agency's request, provide a statement from a physician or licensed or certified psychologist to assist the local agency in making a disability determination.
- h. Is a recipient of disability related medical assistance under Title XIX of the Social Security Act.
- i. Is a recipient of Federal Employee Compensation Act (FECA) payments for permanently disabled employees who opt for FECA benefits in lieu of Civil Service Retirement benefits. Temporary FECA payments to people temporarily injured on the job do not satisfy the definition of disability.

A less restrictive definition of disability is used for other policies such as the work requirement, work registration, student identification, and the evaluation of vehicles.

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A. PURPOSE OF THE FOOD STAMP PROGRAM

The purpose of the Food Stamp Program is to alleviate hunger and malnutrition. The Program will meet its goals by permitting low-income households to obtain a more nutritious diet through normal channels of trade by increasing the food purchasing power for all eligible households who apply for participation. The U.S. Congress intended to promote the general welfare and to safeguard the health and well being of the population of the Nation by raising levels of nutrition among low-income households. The intent is also to help provide food in cases of emergency and financial disaster.

The purpose of this manual is to provide the local welfare/social service agency with certification procedures. Regulations for the issuance of **Electronic Benefit Transfer (EBT) cards** to eligible households are in the Virginia Electronic Benefits Transfer Policy and Procedures Guide.

B. HISTORY OF THE FOOD STAMP PROGRAM

The Food Stamp Act of 1964 authorized the Food Stamp Program on a permanent basis. The Food Stamp Act of 1977, **and subsequent amendments**, amended the 1964 Act and resulted in the generation of the current Food Stamp Program regulations. The U.S. Department of Agriculture administers the Food Stamp Program nationally through the Food and Nutrition Service (FNS). In Virginia, the local departments of social services operate the Program at the county/city level under the supervision of the State Department of Social Services.

The Food Stamp Program started in four Virginia localities (Lee, Wise, Dickenson and the City of Norton) during the pilot phase of its development before the establishment of the permanent program on a national basis. Through requests to operate the Program from local governing bodies, more than 70 localities in the State expanded the Program by June 1974. President Nixon signed the Farm Bill into law in August 1973 that required the nationwide implementation of the Food Stamp Program effective July 1, 1974. Nationwide implementation of the Food Stamp Program eliminated the Surplus Commodity Program, which was an alternate food program available to localities.

C. ISSUANCE SYSTEMS AND FOOD STAMP BENEFIT USE

Eligible households in Virginia will receive their food stamp benefits electronically where eligible households receive a plastic EBT card with a magnetic stripe and a personal identification number (PIN) or other access device to access the food stamp benefits.

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When households move to states that do not have EBT issuance of food stamps, the households will receive food coupons to convert the balance of their EBT account for use in the other area.

The local agency must inform eligible households how to access their benefits through EBT **and the proper use of the benefits**, as described in this chapter.

Upon receipt, the **Case Name and authorized representative** should **each** sign their own EBT cards. Eligible households may use the EBT card at any retail store or other food vendor authorized by USDA to accept food stamp benefits. Authorized retailers may display a sign indicating authorization that reads, "We accept Food Coupons" **or similar language or that display the QUEST logo.**

In certain circumstances, eligible households may use food stamp benefits to purchase meals through:

- nonprofit meal delivery services, such as Meals-On-Wheels, or feeding sites for the elderly;
- authorized drug addiction and alcoholic treatment and rehabilitation centers;
- certain group living arrangements;
- shelters for battered women and children; and
- authorized nonprofit establishments that feed homeless persons and restaurants authorized to accept food stamp benefits.

A household may purchase any food or food product for human consumption with food stamp benefits. The household may also purchase seeds and plants for use in gardens to produce food for the personal consumption of the eligible household.

Households may not use food stamp benefits to purchase the following:

- alcoholic beverages or tobacco
- hot foods ready for immediate consumption
- pet foods
- soap products, paper products or other non-food items usually available in a grocery store
- foods to be eaten on the store premises.

In addition, household may not use food stamp benefits to pay back grocery bills.

At the certification interview, the Eligibility Worker (EW) should advise the applicant that, when using food stamp benefits to separate eligible items from ineligible items at the checkout counter **unless there is**

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electronic programming available that could identify eligible items. The household should also advise the cashier beforehand of the intent to use food stamp benefits, if electronic programming is not available to denote food stamp benefits **or when the household will use EBT in conjunction with other payment methods.**

Field offices for the USDA are responsible for the authorizing retailers to accept food stamp benefits and responsible for ensuring compliance of food stamp regulations by the retailers. Appendix II of Part I lists the USDA field offices and the Virginia localities assigned to each office.

D. PERSONNEL AND OFFICE OPERATIONS (7 CFR 272.4(a))

The local agency must provide qualified employees necessary to take prompt action on all applications. The local agency employees who certify households for participation in the Food Stamp Program must meet the same personnel standards as those used by the local agency for personnel who certify applicants for benefits under the federally aided public assistance programs. Only qualified local agency employees may conduct the interview of applicant households required by Part II.D. and determine the household's eligibility or ineligibility and the level of benefits. In addition, only authorized employees **or agents** of the state or local agency, or a local issuing agency may have access to EBT cards or the EBT administrative terminal.

The local agency must provide timely, accurate, and fair service to applicants for and participants in the Food Stamp Program. Each local agency must establish office procedures and operations that accommodate the needs of the populations it serves. Populations with special needs may include households with elderly or disabled members, homeless households, households with members who are not proficient in English, and households with members who work during normal office hours.

E. NONDISCRIMINATION (7 CFR 272.6)

It is the policy of the State of Virginia and USDA that any applicant or participant must receive fair and equal treatment. There must be no discrimination against applicants or participants in any aspect of program administration for reasons of age, race, color, sex, handicap, religious creed, national origin, or political beliefs.

1. Discrimination Complaints - People who believe that they were subject to discrimination may file a complaint by calling 202) 720-5964 or writing:

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U.S. Department of Agriculture
Director, Office of Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue
Washington, D.C. 20250-9410

State and local welfare agencies must accept all written or verbal complaints of discrimination and forward them immediately to:

Customer Service and Civil Rights Manager
Virginia Department of Social Services
730 East Broad Street
Richmond, Virginia 23219-1849

If the individual making the complaint does not put the complaint in writing, the person receiving the complaint must do so.

Whenever possible, the following information should be contained in the complaint:

- a. Name, address, and telephone number or other means of contacting the person alleging discrimination.
- b. The location and name of the organization or office that is accused of discriminatory practices.
- c. The nature of the incident, action, or the aspect of program administration that led the person to allege discrimination.
- d. The reason for the alleged discrimination (age, sex, race, religious creed, color, handicap, national origin, or political belief).
- e. The names, addresses, and titles of persons who may have knowledge of the alleged discriminatory acts.
- f. The date or dates on which the alleged discriminatory actions occurred.

The discrimination complaint system, including the right to file directly with the Secretary or the Administrator, must be explained to each individual who expresses an interest in filing a discrimination complaint. It must be explained to the individual that complaints will be accepted even if the information specified above is not complete; however, investigations will be conducted only if the information described in (b), (c) and (d) is provided. It must also be explained that a complaint must be filed no later than 180 days from the date of the alleged discrimination, although the time for filing may be extended by the Secretary.

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2. Public Notification - Requirements for displaying a nondiscrimination poster and for providing a pamphlet are contained in Part I.I.

F. COLLECTION OF RACIAL/ETHNIC GROUP DATA

Local agencies must record the race and ethnicity of each household.

The racial categories are:

White
Black or African American
American Indian or Alaskan Native
Asian
Native Hawaiian or other Pacific Islander

The categories for ethnicity are:

Hispanic or Latino
Not Hispanic or Latino

The worker must request the applicant to voluntarily identify the race or ethnic category on the application form. The worker must advise the applicant that the information is voluntary, that it will not affect eligibility or benefit level, and that the reason for the collection of this information is to ensure that there is no discrimination with regard to the receipt of Food Stamp Program benefits.

When the applicant does not voluntarily provide the information, the worker must code the data based on observation. The State Agency must report the racial and ethnic data annually to USDA.

G. RETENTION OF RECORDS (7 CFR 272.1(f))

Food Stamp Program records must be maintained for a minimum of three years from the month of origin of each record. Some records require a longer retention period. The retention period is dependent on the record type and activity related to the record. Annual systematic purging of material unrelated to legal, fiscal, administrative, or program administration is recommended.

1. Certification records must be retained for three years from the end of the certification period or other case action. Certification records may include any material that documents the basis for an allotment, the determination of eligibility, or the establishment of a claim. Records needed to support claims collection activity or long-term eligibility determinations or disqualifications must be kept longer than three years.
 - a. Records related to claims must be kept for three years after a claim is repaid or is administratively closed.
 - b. Records that support investigation of a suspected Intentional Program Violation must be kept until the case has been resolved

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if the investigation was initiated during the normal three-year retention period for certification actions.

- c. Records about Intentional Program Violation disqualifications must be kept for the life of the individual or until FNS notifies that the record is no longer needed.
 - d. Records to document work registration, voluntary quit, or work reduction violations must be retained for the life of the individual who caused the violation or until the person reaches age 60, whichever occurs first.
2. Issuance records must be retained for three years from the month the federal obligation is paid or from the period of final resolution of the issuance billing process. These records include issuance registers and ATP cards.
 3. Administrative cost records must be maintained for three years from the date the annual financial status report. These records include fiscal and statistical records, supporting documents, negotiated contracts and any other document related to administrative costs. These records must be retained beyond three years if a claim, litigation or audit is initiated before the end of the three-year period. In these instances, the records must be retained until the claim, litigation, or audit has been resolved.

H. DISCLOSURE OF INFORMATION (7 CFR 272.1(c), 272.1(d))

Use or disclosure of information obtained from food stamp applicant households exclusively for the Food Stamp Program shall be restricted to the following:

1. Persons directly connected with the administration or enforcement of the provisions of the Food Stamp Act or regulations, other federal assistance programs, or federally assisted State programs which provide assistance, on a means-tested basis, to low income individuals. This includes the Office of the Inspector General (OIG) and the Statewide Automated Child Welfare Information System (SACWIS);
2. Employees of the Comptroller General's Office of the United States for audit examination authorized by any other provision of law;
3. Local, state, or federal law enforcement officials upon their written request, to investigate an alleged violation of the Food Stamp Act or regulations. The written request must include the identity of the individual requesting the information and the authority to do so, the violation being investigated, and the identity of the person on whom the information is requested;

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4. Law enforcement officials upon notification that an individual is fleeing prosecution, or imprisonment, or is in violation of parole or, that an individual has information needed to conduct an investigation of a felony or parole violation. The individual's address, Social Security number, and photograph, if available, must be disclosed upon written request (**The agency may not disclose scheduled appointment dates or times**);
5. The parent locator service to assist in the Child Support Enforcement Program under Title IV-D, upon request; and
6. Persons directly connected with the verification of immigration status of aliens applying for food stamp benefits through SAVE to the extent the information is necessary to identify the individual for verification purposes.

If there is a written request by a responsible member of the household, its currently authorized representative, or a person acting in its behalf, the household representative must be allowed to review material and information contained in the case file, during normal business hours. The agency may withhold confidential information, however, such as the names of individuals who have disclosed information about the household without the household's knowledge, or the nature or status of pending criminal prosecutions.

State regulations and manuals which affect the public must be maintained in all local offices of the Department of Social Services for examination by members of the public on regular workdays during regular office hours.

I. PROGRAM INFORMATIONAL ACTIVITIES (7 CFR 272.5)

Certain activities are required to convey information about the Food Stamp Program to applicant and recipient households. Program information includes the rights and responsibilities of households. This information may be conveyed through publications, telephone hotlines, and face-to-face contacts.

1. Booklets/Pamphlets

- a. The information booklet, *Virginia Social Services - Temporary Assistance Programs*, must be given to all applicants at the time of each new application. The booklet must also be provided at each reapplication or recertification if the applicant household no longer has a copy of the booklet.
- b. The nondiscrimination pamphlet, *Virginia Nondiscrimination Program*, must be given upon request.

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- c. The *Appeals and Fair Hearings* pamphlet must be provided with computer-generated adverse action notices sent when benefits are reduced or terminated or applications are denied.

2. Posters

These posters must be prominently displayed where food stamp applications are taken:

- a. A nondiscrimination poster, e.g., "And Justice for All", or the Virginia Nondiscrimination poster
- b. "Your Food Stamps Rights Toll-Free Hotline"

3. Other Required Activities

- a. The agency must provide an explanation of household rights when applicants request information about the Food Stamp Program. The agency may provide a verbal explanation or it may provide the *Know Your Rights When Applying for Food Stamps* flyer if the applicant is able to read and comprehend the form in English.
- b. The agency must complete the *Food Stamp Program - Hotline Information* form and provide it to each applicant on the day the applicant files a new application or a reapplication.
- c. The local agency must make an effort to answer general or specific questions related to the Food Stamp Program from persons expressing an interest in applying for program benefits. The agency may refer callers to appropriate agency personnel, and if those persons are not available, the agency must arrange to return the call. If it is not possible to return the call, the agency must advise the caller to return the call at a prearranged time when the appropriate personnel will be available to answer the questions.

J. FAMILY BASED SOCIAL SERVICES POLICY

One of the goals of the Virginia Department of Social Services is to provide an effective social service and public assistance system to meet the basic needs of citizens who need help. The system must provide services within the needy citizen's home community and within an environment that promotes family stability whenever possible. In order to accomplish effective social and public assistance services within Virginia's locally administered, state-supervised system, each local department must administer programs based upon a philosophy of family based social service delivery.

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Benefit programs are designed to provide income support benefits to assist families who are unable to provide the necessities of life and maintain minimum standards of health and well-being through their own efforts. Gathering relevant information about a family's situation and assessing that information against the eligibility for benefit programs are the basis for making the eligibility determinations. This process also includes an assessment of need for service programs and other resources to assist the family. If other needs exist, the eligibility worker must refer the family for appropriate services or resources within the agency or community.

Additional information on Family Based Social Services is contained in Volume I, Chapter E., and Volume VII, Section I, Chapter A.

K. PRUDENT PERSON CONCEPT

This manual provides policy guidelines for the Food Stamp Program. The policies are often broad to allow certification staff sufficient flexibility to make reasonable judgments in evaluating individual household circumstances to determine food stamp eligibility and benefit level.

It is not possible to have every potential situation observed in managing a caseload addressed in this manual so the eligibility worker must determine what is reasonable, i.e., the prudent person concept. The eligibility worker must exercise reasonable judgment based on experience, knowledge of the program and logic. The prudent person concept does not eliminate or replace food stamp eligibility requirements or actions. The worker must sufficiently document the case file to allow supervisory staff, appeals officers, reviewers, and colleagues to be able to understand case actions as well as to permit self-review.

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PART II APPLICATION/PROCESSING

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PART II APPLICATION/PROCESSING (CON'T.)

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- b. A client applies for SSI on 11/10. He does not want to apply for food stamps at that time. On 12/3 he changes his mind and files a food stamp application. He would be ineligible for food stamps according to NA standards.

- 1) Suppose SSI determines the household eligible for a money payment on 12/30.

Because the household was determined eligible for SSI within the 30 day food stamp application processing time frame, the household is considered categorically eligible back to 12/3, the date of the food stamp application.

- 2) Suppose as of 1/2, the SSI determination is pending. The agency chooses to deny the food stamp application on the 30th day.

On 2/9, the household informs the agency that SSA approved SSI benefits retroactive to November. The agency reinstates the original food stamp application and provides food stamp benefits back to 12/3. That date is the later of the SSI effective date or the food stamp application date.

5. Categorical Eligibility and Benefit Level

Once the agency determines a household's entitlement to benefits, the EW must determine the benefit level. Other eligibility factors described in this manual apply to categorically eligible households in determining the benefit amount. The agency must prorate benefits for the initial month based on the application date. The following additional criteria apply:

- a. Any one or two person household is entitled to at least \$10, regardless of net food stamp income, except when benefits for the initial month prorate to less than \$10. **There will be no issuance in this instance.**
- b. Any household of four or more receive benefits if its net income entitles it to a benefit of \$2.00 or more on the appropriate allotment table, even if its net food stamp income is above the maximum for its household size.
- c. The agency must deny or terminate any categorically eligible household entitled to zero Food Stamp benefits.

I. AUTHORIZED REPRESENTATIVES (7 CFR 273.2(n))

The head of the household, spouse or any other responsible member of the household may designate an authorized representative to act on behalf of the household in making application for the Program or in using the food stamp benefits. In the event that the only adult living with a household is classified as a nonhousehold member (as defined in Part VI.C.), that individual may be the authorized representative for the minor household members. If households designate employers, growers, crew chiefs, etc. as authorized representatives for farm workers or when any single authorized representative has access to a large number of EBT cards, the EW should exercise caution to assure that the household freely requested the help of the authorized representative, the authorized representative is accurately stating the household's situation, and the authorized representative is properly using the food stamp benefits.

1. Making Application

When the head of the household or the spouse cannot file an application, another household member may apply or the household may designate an adult nonhousehold member as the authorized representative for that purpose. The head of the household or the spouse should prepare or review the application whenever possible, even though another household member or the authorized representative will actually be interviewed. The local agency must inform the household that the agency will hold the household liable for any overissuance that results from erroneous information given by the authorized representative, except as specified in Part II.I.7. regarding participation by residents of drug addict/alcoholic treatment and rehabilitation centers.

Households may designate adults who are nonhousehold members as authorized representatives for certification purposes only under the following conditions:

- a. The head of the household, spouse, or another responsible member of the household may designate the authorized representative in writing by the; and,
- b. The authorized representative is an adult who is sufficiently aware of relevant household circumstances.

The EW may determine on a case-by-case basis the frequency with which the agency requests the written designation at a subsequent recertification. The EW may request the household's written designation at the recertification application as often as deemed necessary.

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Upon written authorization by the household, the representative must receive copies of all correspondence sent to the household itself. This will include all notices, e.g. Notice of Action, Notice of Expiration, etc. The agency must send the notices to the representative as long as the representative named on the authorization remains the household's authorized representative unless the written authorization specifies an ending date.

2. Using Food Stamp Benefits

The authorized representative may use food stamp benefits to purchase food for the household's consumption. The household will give its implied consent to the representative for access to the EBT account as long as the household does not withdraw access to the account by the representative, either by naming another representative or by canceling the representative's access.

3. Restrictions on Appointment

Certain individuals may not serve, as an authorized representative for a household unless the agency determines there is no one else to assist the household in this capacity. Restrictions apply to the designation of the following individuals as authorized representatives:

- a. Local agency employees;
- b. Retailers authorized to accept food stamp benefits;
- c. Individuals disqualified for an intentional program violation;
- d. Homeless meal providers, for homeless recipients.
- e. Previously named representatives who knowingly provided false information about a household's circumstances or improperly used the household's food stamp benefits.

Local agency employees who certify households **or who update the EBT administrative terminal or retailers who** accept food stamp benefits may not act in any capacity as an authorized representative without a determination by the local agency director/superintendent that no one else is available to serve. The agency must file the specific written approval of the local agency director/superintendent in the case file.

Individuals who are disqualified for an intentional program violation may not act as authorized representatives during the disqualification

period unless the disqualified individual is the only adult member of the household able to act on its behalf. The local agency must determine that no one else is available to serve. The local agency must determine separately whether households need these individuals to apply on behalf of the household, to obtain benefits, and to use the benefits for food for the household.

Example

A household has found an authorized representative to obtain its benefits each month, but it has not been able to find anyone to purchase food regularly with the benefits. If the local agency is also unable to find anyone to purchase the food, the disqualified member may do so.

Homeless meal providers may not act as authorized representatives for homeless food stamp recipients.

4. Documentation and Control

The local agency must ensure that the household properly designate authorized representatives. The household's case file must contain the name of the authorized representative. A household may have any number of authorized representatives to apply on its behalf but a household may have only one representative to receive its benefits through EBT.

If households designate employers, such as those that employ migrant or seasonal farm workers, as authorized representatives or that a single authorized representative has access to a large number of benefit access devices or coupons, the local agency must exercise caution to assure that:

- a. The household has freely requested the assistance of the authorized representative;
- b. The household's circumstances are correctly represented; and
- c. The authorized representative is properly using the **household's benefits**.

The local agency may disqualify an authorized representative from serving as a representative in the Food Stamp Program for up to one year. In order for the agency to disqualify a representative, the agency must have evidence that an authorized representative misrepresented a household's circumstances, knowingly provided false information pertaining to the household, or improperly used **food**

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stamp benefits. The local agency must send a letter to the affected household and the authorized representative thirty days before the disqualification date.

This letter must include at a minimum:

- 1) The proposed action;
- 2) The reason for the proposed action;
- 3) The household's right to request a fair hearing (Note: The authorized representative being disqualified may not request a hearing. Only the household may do so.);
- 4) The telephone of the office; and,
- 5) If possible, the name of the person to contact for additional information.

This provision to disqualify an authorized representative is not applicable in the case of drug and alcoholic treatment centers and those group homes that act as the authorized representative for their residents.

5. Drug Addict/Alcoholic Treatment Centers (7 CFR 273.2(n)); 7 CFR 273.11(e))

Narcotic drug addicts or alcoholics who regularly participate in a drug or alcoholic treatment program on a resident basis may elect to participate in the Food Stamp Program. The treatment center must be a private, nonprofit organization or institution or a publicly operated community mental health center, under Part B of Title XIX of the Public Health Service Act. **See Part VII.C.2.**

Residents must apply and be certified through the use of an authorized representative who must be an employee of and designated by the treatment center. The resident household, however, should assist in completing the application and should sign the application along with the authorized representative, prior to certification, if possible.

The treatment center representative will receive **an EBT card on the household's behalf.** **The center must** spend the food stamp benefits for food prepared by and/or served to the addict/alcoholic. **The household may not directly access the food stamp benefits in his/her EBT account while residing in the treatment center. See Part VI.E. for additional policies about residential treatment centers.**

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6. Group Living Arrangements

Residents of public or private nonprofit settings for blind or disabled individuals may elect to participate in the Food Stamp Program. An appropriate agency of the state or locality must certify group living arrangements using regulations based on under Section 1616(a) of the Social Security Act.

Residents of group living arrangements may apply and be certified three ways:

- a. through the use of an authorized representative employed and designated by the facility;
- b. through the use of an authorized representative of the resident's own choice; or,
- c. on their own behalf.

If residents want to apply for themselves, the facility must determine if they are physically and mentally capable of managing their affairs.

In a single facility, there may be a combination of application methods used. For example, the facility may have some residents using authorized representatives and some applying on their own behalf.

The local agency must determine the eligibility of residents of group living arrangements who apply through the use of the facility's authorized representative as one-person households. Household composition provisions of Part VI.A. will determine household size if residents apply on their own behalf.

See Part VI.E for additional policies about group living arrangements.

J. CERTIFICATION NOTICES (7 CFR 273.10(g))

1. Initial and Reapplications

The local agency must provide applicants with a Notice of Action as soon as the EW makes a determination on each application, but no later than 30 days after the date of the initial application or reapplication. The Notice of Action will inform an applicant household that its application has been approved, denied, or is to be held pending.

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Note: The Appeals and Fair Hearings pamphlet must be provided with computer-generated action notices when applications are denied.

2. Recertifications

The local agency must provide households that have filed an application by the 15th of the last month of their certification period with a Notice of Action by the end of the current certification period. The local agency must provide households with a Notice of Expiration to initiate the recertification process. The local agency must provide households that have received a Notice of Expiration at the time of certification and have applied within the prescribed time frames, with a Notice of Action not later than 30 days after the date of the household's initial opportunity to obtain its last allotment. Part IV.C. describes the recertification procedures.

See Part XXIV for a sample of each of these forms and instructions.

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The National Voter Registration Act of 1993 (NVRA) requires local social services agencies offer each applicant for **TANF**, food stamps, and Medicaid an opportunity to apply to register to vote at initial application and at each review of eligibility. Voter registration application services must also be provided any time a change of address is reported to the local agency in person. Local agency staff must provide the same degree of assistance in completing voter registration applications as is done in completing applications for assistance.

A. Prohibitions

Local social services agencies and agency staff are prohibited from making any statements or taking any action that:

1. seeks to influence customers' political preferences;
2. displays any political preference or party affiliation;
3. discourages individuals from applying to register to vote; or
4. leads individuals to believe that a decision to register or not to register has any impact on their eligibility for assistance or the benefit level that they are entitled to receive.

B. Voter Registration Services

Each local social services agency, including satellite offices, must provide the following services:

1. distribute voter registration application forms for completion by customers at the agency or to be taken for registration by mail;
2. assist customers in completing the voter registration application form unless such assistance is refused;
3. ensure that spaces of the voter registration application are completed, including identifying the locality name on the reverse side of the form;
4. complete the agency certification form;
5. make brochures about amendments to the Virginia constitution available for distribution; and
6. accept voter registration application forms for transmittal to the local general registrar.

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- a. Each completed registration application must be submitted to the local registrar every Friday or on the last working day before Friday if Friday is a holiday. Envelopes with completed registration forms must be marked with an "A" in the upper left corner and the number of registration forms in the envelope.
- b. Registration applications that are mailed to customers or that were obtained from the local agency must be forwarded to the registrar if the completed forms are returned to the agency.
- c. The voter registration application may be mailed to the State Board of Elections by customers at the expense of the customer.

Voter registration application services are not required to be offered when an individual indicates that he/she is currently registered to vote in the locality and there is a completed agency certification form in the customer's case record indicating the same, and the customer has not moved from the address maintained when the registration occurred.

C. Certification

Each customer must be provided the "Certification of Virginia Voter Registration Agency Certification" form at each application or review.

1. Customers who refuse to check the appropriate box on the certification form or refuse to sign the form will be considered to have declined the opportunity to register to vote.
2. The worker must sign and date each certification form and complete the appropriate box.
3. Certification forms must be retained in the agency case record in accordance with records retention policy set forth in Volume I.
4. The bottom of the certification form must be completed when registration applications are mailed with applications for assistance and when an authorized representative files the application on behalf of the household.

D. Individuals Required to be Offered Registration Services

Voter registration services must be offered to an individual who is:

1. A member of the **TANF** assistance unit or food stamp household;
2. 18 years of age or who will be 18 by the time of the next general election; and

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3. Present in the office at the time of the interview or when a change of address is reported. (Note that a registration application must be sent upon request for mail-in purposes for address changes that are not reported in person.)

Individuals accompanying the customer to the local agency who is not a member of the assistance unit or household, including payees and authorized representatives, will not be offered voter registration services by the local agency. A registration application must be provided to the person upon request for mail-in purposes. When an authorized representative is applying on behalf of another, the local agency must offer a mail-in application and the bottom of the certification form is to be completed accordingly.

The voter registration application must be mailed to an applicant with the application for assistance if a subsequent face-to-face interview will not be required. When the in-office interview is required, voter registration services must be provided at the time of the interview.

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Medical Expenses for Household Member(s) Eligible for Medical Deductions	Verify reported expenses and expected expenses in the certification period
Actual Utility Expenses for Households Opting to Use Actual Expenses	If source changed or total amount changed by more than \$25, verify
Dependent Care Costs	If source changed or amount changed, verify.
Shelter Costs Other Than Utilities.	If source changed or amount changed, verify.
Child Support Expense	If obligation changed, verify new obligation. Verify amount paid.

In addition to the items above, the agency must verify the following items:

- ♦ Change in alien status
- ♦ Change in loans;
- ♦ Change affecting entitlement to utility and/or telephone standard;
- ♦ Questionable information, as defined in Part III. A.2.;
- ♦ Identity of person filing recertification if this person's identity had not previously been verified;
- ♦ Change in residence.
- ♦ Any incomplete, inaccurate, inconsistent or outdated item.
- ♦ Change in resources
- ♦ Newly acquired resource

E. VERIFICATION OF NONEXEMPT RESOURCES (7 CFR 273.2(f))

At application and reapplication, the local agency must verify all liquid resources and must determine the fair market value and/or equity values of all nonexempt vehicles as specified in Part IX.D. The agency must also determine the value of countable nonliquid resources. The agency must obtain verification if the value of the nonliquid resources is questionable.

At recertification, the agency must verify changes in either liquid or non-liquid resources or newly acquired resources. The agency must verify unchanged information at recertification only if the information is questionable.

1. Verification of Liquid Resources

The agency may obtain verification of liquid resources through checking and savings account statements, clearances sent to banks and savings institutions, credit union statements, etc.

If the applicant household requires assistance in providing the necessary verification, the EW must aid the applicant. In some instances, the EW may assist by contacting collateral contacts.

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2. Verification of Nonliquid Resources

The EW must evaluate the fair market value and, in some instances, the equity value of nonexempt vehicles. At certain times, it will also be necessary to determine if property is producing income consistent with its fair market value (approximately 10% of its fair market value). The EW should use the following techniques when such evaluations are necessary:

a. Fair Market Value of Vehicles

The local agency must determine the fair market value of all automobiles, trucks, and vans by the "average trade-in value" as listed in the NADA (National Automobile Dealers Association) Official Used Car Guide and official Older Used Car Guide. The "average trade-in value" is equal to the wholesale value of the vehicle. The agency must update the NADA books, commonly referred to as the "blue book", once every six months. The local agency must assign the blue book value to all vehicles. A household that claims that the blue book value does not apply to its vehicle must obtain verification of the true value from a reliable source, such as an appraiser, automobile dealership, etc. In addition, households must obtain verification of the value of licensed antique, custom-made, or classic vehicles, if the local agency is unable to make an accurate appraisal.

The local agency may not increase the base value of a vehicle by adding the value of low mileage or other factors, such as special optional equipment. For example, if a vehicle is especially equipped with apparatus for the disabled, the apparatus must not increase the value of the vehicle. The agency must assign the blue book value as if the vehicle were not so equipped. However, automatic transmission, power steering and air conditioning which were shown as options prior to January, 1988, are now included in the base value of some vehicles. The agency must decrease the value of vehicles not equipped with these options by the value of these options as listed in the blue book below each type of car or in the Truck Option Table.

If the blue book no longer lists a vehicle, the agency must accept the household's estimate of the value of the vehicle, unless the local agency has reason to believe the estimate is incorrect. If the value of the vehicle is likely to affect eligibility in this instance, the household must obtain an appraisal or produce other evidence of its value. Sources of verification may include a tax assessment or a newspaper advertisement that indicates the amount for which similar vehicles are selling.

PART VI HOUSEHOLD COMPOSITION

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income if the foster family does not include the foster child in its request for food stamp benefits. If the foster child is included in any other food stamp household, only direct payments from the foster care grant from the foster family to the child or other food stamp household would count as income to that household.

A child in foster care and residing with others may not be considered as a separate food stamp household. Foster children may only participate in the Food Stamp Program as a part of another household in which they live. The restrictions described in this section do not apply to persons assigned to the Independent Living Program.

4. Special Consideration for Elderly and Disabled People (7 CFR 273.1(a)(2)(ii))

Although a group of individuals living together and purchasing and preparing meals together constitutes a single household under the provision of Part VI.A.1.c., an otherwise eligible member of such a household who is 60 years of age or older, (as well as the spouse of such an individual and children under the age of 18 for whom parental control is exercised) who is unable to purchase and prepare meals because he or she suffers from a disability considered permanent under the Social Security Act or suffers from a non-disease-related, severe, permanent disability may be a separate household. However, the gross income of the remaining household members cannot exceed the following amounts (165% of the Federal Poverty Income Guidelines):

<u>Household Size</u>	<u>165% Limit</u>	<u>Household Size</u>	<u>165% Limit</u>
1	\$1,219	6	\$3,336
2	1,642	7	3,760
3	2,066	8	4,183
4	2,489	each additional	
5	2,913	members	+\$424

Do not count the income of the elderly and disabled person and his or her spouse for this calculation. The elderly and disabled person is responsible for obtaining the cooperation of the other individuals in providing necessary income information to the local agency.

The key factor in determining whether or not a disability would qualify a household for separate status under this provision is inability to purchase and prepare meals. In the majority of cases someone with a disability considered permanent under the Social Security Act could be assumed to be incapable of purchasing and preparing meals. However, because disability under the Social Security Act, as well as other disability programs, is based on an inability to work, eligibility workers should not, in every case,

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automatically assume the disability constitutes inability to purchase and prepare meals.

No specific verification is required if it is obvious to the EW that the person in question could not purchase and prepare his or her own meals; however, when the inability to purchase and prepare meals is not obvious to the EW, the EW should request that such individuals provide a statement from a physician that they are unable to purchase and prepare their own meals.

5. Residing Together Determinations

In some situations it may become difficult to determine whether persons required to participate together actually reside together. Factors to consider in determining whether persons reside together include, but are not necessarily limited to, the following:

- a. If the persons live in separate, identifiable units, separate households probably exist;
- b. If the persons share common facilities such as a kitchen and/or a bathroom, separate households probably do not exist; and,
- c. If the dwelling is constructed as a single-family home, separate households probably do not exist. If the dwelling is constructed as a multi-family structure (e.g., a duplex, apartment building), separate households exist, in all likelihood.

Examples

- 1) A 20-year-old woman lives in two rooms in her parents' basement. She has a bed, sofa, refrigerator, hotplate, etc., but uses the kitchen and bathroom in her parents' home. All persons must participate together since this is a single-family dwelling and common facilities are shared.
- 2) Individuals live together in the same house. One person lives in an apartment in the basement. The apartment contains a kitchenette and bathroom along with other living space. Since the apartment is a separate, identifiable dwelling unit, the individuals are not considered as living together.
- 3) Individuals live in separate rooms in a hotel, but must share a bathroom down the hall. Since they live in separate, identifiable units, they are not required to participate together even though they share common facilities.

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No. of boarders being considered as a separate household	Minimum monthly payment (This is two-thirds of the maximum coupon allotment, rounded down to the nearest whole dollar amount, for each household size indicated.)
---	--

1	\$ 92
2	170
3	244
4	310
5	368
6	442
7	488
8	558

- 3) A reasonable monthly payment is equal to or will exceed the following amounts if the boarder takes more than two meals per day in the home.

No. of boarders being considered as a separate household	Minimum monthly payment (This is the maximum coupon allotment for each household size indicated.)
---	--

1	\$139
2	256
3	366
4	465
5	553
6	663
7	733
8	838

If a single board payment is made for more than one boarder, all boarders for whom the payment is made are to be considered as a single household.

Example

A mother and daughter are boarding with another household. The mother pays board to the landlord for herself and her daughter. The mother and daughter are to be considered as one household if their board payment is equal to or greater than the required minimum monthly payment.

In those instances where the individual is furnished meals only (lodging is not furnished), the individual will be considered not as a boarder but as a member of the household where most of his meals are taken.

If questionable, verification of boarder status is to be made by obtaining a signed statement from the boarder and the person to whom the board is paid, attesting to the arrangement and the compensation provided.

C. NONHOUSEHOLD MEMBERS (7 CFR 273.1(b))

1. The following individuals residing with the household shall not be considered household members in determining eligibility or the coupon allotment.

- a. Roomers: Individuals to whom a household furnishes lodging, but not meals, for compensation.
- b. Boarders: Those who meet the boarder definition as given in Part VI.B.
- c. Live-in attendants: Individuals who reside with a household to provide medical, housekeeping, childcare, or other similar personal services. To "reside" with the household means that the individual takes a majority of his meals in the home. Dependents of a live-in attendant will be considered as members of the live-in attendant's household. A person cannot be a live-in attendant in his own home.
- d. Ineligible students: Students who are 18 years of age or older and enrolled at least half-time in an institution of higher education who fail to meet the special eligibility criteria set forth in Part VII.E.
- e. Other individuals who share living quarters with the household but who do not customarily purchase food and prepare meals with the household.

Example

The applicant household shares living quarters with another family to save on rent, but does not purchase and prepare food together with that family. The members of the other family are not members of the applicant's household.

- f. Children in foster care that the household has opted to exclude from the food stamp unit.

3. Principal Wage Earner as Head

Unless the household has selected an adult parent or adult with parental control as head as specified in Part VI.D.1., the principal wage earner shall be considered the head of household when evaluating noncompliance with work registration or workfare requirements. The principal wage earner must also be considered in determining whether a household member voluntarily quit a job or reduced work hours to less than 30 hours per week.

The principal wage earner is the household member who had the most earned income in the two months prior to the month of the registration noncompliance, job quit, or work reduction. Excluded household members, as defined in Part VI.C.2., are evaluated in determining the principal wage earner. The income used in this evaluation must involve 20 hours or more per week or provide the equivalent of 20 hours multiplied by the federal minimum wage.

The principal wage earner identified may not apply if the person who caused the violation lives with a parent or person fulfilling the role of a parent. The principal wage earner policy will not apply if the parent or person fulfilling that role is registered for work or is exempt from work registration because the parent or person fulfilling the role of a parent is:

- a. subject to and participating in any work requirement under Title IV of the Social Security Act such as the PA Employment Services Program (Part VIII.A.1.c);
- b. receiving unemployment compensation benefits or is registered for work to receive these benefits (Part VIII.A.1.f);
- c. employed or self-employed and working a minimum of 30 hours weekly or is receiving weekly earnings at least equivalent to 30 hours multiplied by the federal minimum wage.

If there is no principal source of earned income in the household, the household member documented in the case file as the head at the time of the violation shall be considered the head of the household.

F. HOUSEHOLDS IN INSTITUTIONS

Residents of certain institutions are eligible for food stamp benefits. This chapter contains special provisions for households residing in eligible institutions. See Part VII.C for a list of eligible institutions and Part II.I for requirements and allowances for authorized representatives for institutionalized households.

1. Drug Addiction and Alcohol Treatment Centers

Residents of treatment and rehabilitation programs for persons addicted to narcotic drugs or alcohol, including the children of these persons residing in the centers with the parents, may receive food stamps as individual households. The treatment center must be a private, nonprofit organization or institution or a publicly operated community mental health center, under Part B of Title XIX of the Public Health Service Act.

Before certifying treatment center residents for food stamps, the local agency must establish that the center meets Public Health Service Act criteria even if the center is not certified under Part B of Title XIX of the Public Health Service Act. The local agency must also determine if the Food and Nutrition Service (FNS) as certified the facility as a retailer and whether the center has a Point-of-Sale (POS) device in order to use food stamp benefits at the institution.

Residents of treatment centers must apply and participate in the Food Stamp Program through a designated employee of the center. The household must freely choose to apply for benefits. The resident household should assist in completing the application and should sign the application along with the authorized representative, before certification, if possible. Normal food stamp certification notices and procedures apply to households that reside in eligible treatment centers except for the requirement that residents must apply through a representative of the center.

a. Accessing and Using Food Stamp Benefits

In order to access food stamp benefits, each household or representative must have an EBT card. Eligible household residing in drug or alcohol treatment centers must participate in the Food Stamp Program through an authorized representative. The authorized representative will receive an EBT card to use on behalf of the household. The client may not possess an active EBT card while a resident of the treatment center.

Treatment center representatives must use the food stamp benefits for food prepared by or served to the resident

addict/alcoholic. If the treatment center has a POS device, at the beginning of each month, the authorized representative must use each individual household's EBT card to access one-half of the monthly benefit. If the treatment center does not have a POS device, the authorized representative must use each resident's EBT card at the grocery store and access up to one-half the benefit amount at the beginning of each month. The treatment center may access the second half of the benefits on or after the 16th of each month if the resident remains in the center as of the 16th day of the month.

If the household leaves the treatment center before the 16th day of the month, the household is entitled to one-half of the allotment for the month. If the household leaves the treatment center on or after the 16th of the month, the household will not receive any portion of the benefits directly.

b. Responsibilities of the Treatment Center

The treatment center must notify the local agency of changes in the household's income or other household circumstances and upon the departure of the addict or alcoholic from the treatment center. When the resident leaves the facility, the treatment center must provide the resident with the EBT card for the "Primary Cardholder," if the card is available. This is not the card used by the authorized representative. Once the household leaves the treatment center, the center may no longer act as that household's authorized representative.

The center should return the authorized representative's EBT card to the local agency when the resident leaves the facility. If the resident leaves the treatment center before receiving the EBT card for Primary Cardholder from center employees, the treatment center must return the household's card to the local agency, if the household's card was in the center's possession.

The center must provide the household with a Change Report Form to report to the local agency the individual's new address and other circumstances after leaving the center, if possible. The center must also advise the household to report the address change to the local agency within 10 days.

Each treatment and rehabilitation center must submit a certified list of residents who are currently participating in the Food Stamp Program to the local social services agency. This list must include a statement that the information provided is correct and must be signed by a representative of the center. The must submit the list at least monthly, although local agency officials may request a more frequent list.

c. Penalties

The treatment center is responsible for any misrepresentation or fraud that it knowingly commits in the certification of center residents. As an authorized representative, the treatment center must be knowledgeable about household circumstances and should carefully review those circumstances with residents prior to applying on their behalf. The organization or institution is liable for all losses or misuse of food stamp benefits accessed or used on behalf of resident households and for any overissuance of benefits that occur while the households are residents of the treatment center.

The treatment center may be penalized or disqualified if an administrative or judicial determination establishes that coupons were misappropriated or used for purchases that did not contribute to a certified household's meals. The treatment center may be prosecuted under applicable federal or state statutes for intentional acts that misrepresent household circumstances.

d. Local Agency Responsibilities

The local agency must ensure that applicants that reside in alcohol or drug treatment centers apply for food stamps through a designated employee of the treatment center. The agency may not process an application signed only by such a resident or conduct the interview without the authorized representative. The treatment center must receive certification notices and instructions on accessing households' food stamp benefits through EBT.

The local agency should provide the treatment center with blank change report forms that the center or household could complete to report changes, including when the household leaves the center. The agency must take prompt action to remove the authorized representative when the household leaves the treatment center upon learning of the address change.

The local agency must receive a monthly list of residents from the treatment center. The agency may require the treatment center submit the list semimonthly. The local agency must review the list to ensure that only those residents listed are participating as residents of that institution. The agency must resolve any discrepancies immediately between the list submitted by the center and the agency's certification record.

In addition to reviewing the lists of residents in the treatment facility, the local agency must conduct periodic random on-site visits to the center. This review is to assure the accuracy of the listings and that the local agency's records are consistent and up-to-date.

The local agency must promptly notify the Regional Office for the Virginia Department of Social Services when there is reason to believe that a treatment center is misusing food stamp benefits in its possession. The State Department must transmit the local agency's findings to USDA. The local agency must not take any action however, until USDA takes action or provides instructions.

2. Group Living Arrangements

Disabled or blind individuals who reside in group living arrangements may be eligible for food stamps. See Part VII.C for specific criteria. Unlike residents of drug or alcohol treatment centers, residents of group living may apply on their own behalf; through the use of an authorized representative of the resident's own choice; or through the use of an authorized representative employed and designated by the facility.

How residents of group living arrangements apply will determine the household size. For instance, if a resident files an individual application or through a personal authorized representative, the local agency must evaluate household composition based on who purchases and prepares food together but, residents who apply through the use of the facility's authorized representative, will be one-person households, regardless of the eating arrangements.

a. Participating in the Group Living Arrangement

The group living arrangement may purchase and prepare food that eligible residents will consume on a group basis, if residents normally obtain their meals at a central location, e.g. a dining hall, as part of the group living arrangement services, or if meals are prepared at a central location for delivery to the individual residents.

If residents purchase and/or prepare food for their own consumption, as opposed to communal dining, the group living arrangement must ensure that each resident's food stamp benefits are used for meals intended for that resident.

If the residents retain use of their own food stamp benefits, then they may either use the coupons to purchase meals prepared for them by the facility, if group home is authorized by FNS, or purchase food to prepare meals for their own consumption.

If the facility is acting as the authorized representative for the resident, the food stamp benefits can be handled in any of the following ways: 1) The facility may spend the coupons, prepare and serve the food to the resident, 2) Spend the food stamp benefits and allow the resident to prepare the food, 3) Allow the resident to use some or all of the allotment on his or her own behalf.

If the resident applied on his own behalf, the resident may provide the food stamp benefits allotment to the facility to purchase food for meals served either communally or individually for eligible residents. The eligible resident may also use the food stamp benefits to purchase and prepare food for his/her own consumption or to purchase meals prepared and served by the group living arrangement.

b. Accessing and Using Food Stamp Benefits

In order to access food stamp benefits, each household or representative must have an EBT card. Residents of group living arrangements will receive an EBT card. If the household has an authorized representative, the representative will also receive an EBT card to use on behalf of the household.

The household or authorized representative must use food stamp benefits for food prepared by or served to the resident. If the group home has a POS device, at the beginning of each month, the household or authorized representative must use the individual household's EBT card to access one-half of the monthly benefit. If the group home does not have a POS device, the household or authorized representative must use each resident's EBT card at the grocery store. If the authorized representative is a representative of the group home, the representative may access up to one-half the benefit amount at the beginning of each month. The group home representative may access the second half of the benefits on or after the 16th of each month if the resident remains in the group home as of the 16th day of the month.

If the household leaves the group home before the 16th day of the month, the household is entitled to one-half of the allotment for the month. If the household leaves the group home on or after the 16th of the month, the household will not receive any portion of the benefits directly.

c. Responsibilities of the Group Living Arrangement

If the group living arrangement is acting in the capacity of an authorized representative, the group living arrangement must notify the local agency of changes in household circumstances and when the individual leaves the group living arrangement.

When the resident leaves the facility, the group living arrangement must provide the resident with the EBT card for the "Primary Cardholder," if the authorized representative has possession of the card. This is not the card used by the authorized representative. Once the household leaves the group home, the center may no longer act as the household's authorized representative.

The center should return the authorized representative's EBT card to the local agency when the resident leaves the facility. If the resident leaves the group home before receiving the EBT card for Primary Cardholder from center employees, the treatment center must return the household's card to the local agency, if the household's card was in the center's possession.

The group home must provide the household with a Change Report Form to report to the local agency the individual's new address and other circumstances after leaving the group home, if possible. The group home must also advise the household to report the address change to the local agency within 10 days.

Each group living arrangement must submit a certified list of residents who are currently participating in the Food Stamp Program to the local social services agency. This list must include a statement that the information provided is correct and must be signed by a representative of the center. The must submit the list at least monthly, although local agency officials may request a more frequent list.

c. Penalties

When a group living arrangement acts as the household's authorized representative the following additional responsibilities are applicable:

1. The group living facility is responsible for any misrepresentation or fraud that it knowingly commits in the certification of the facility's residents. As an authorized representative, the group living arrangement must be knowledgeable about household circumstances and

should carefully review those circumstances with residents prior to applying on their behalf. The group living arrangement is liable for any losses or misuse of food stamp benefits accessed or used on behalf of resident households and for all overissuances that occur while the facility is acting as the household's authorized representative.

2. The facility may be penalized or disqualified if an administrative or judicial determination finds that coupons were misappropriated or used for purchases that did not contribute to a certified household's meals. The group home may be prosecuted under applicable federal or state statutes for intentional acts that misrepresent household circumstances.

These provisions do not apply when the resident household has applied on its own behalf.

d. Local Agency Responsibilities

The local agency must certify eligible residents of group living arrangements using the same provisions that apply to all other households. Before certifying any residents of a particular facility, the agency must verify that the group living arrangement is authorized by FNS-USDA to accept food stamp benefits or is certified by an appropriate agency of the State or locality, including that agency's determination that the center is a nonprofit organization.

Before certifying group home residents for food stamps, the local agency must establish that the group living arrangements meets Section 1616(e) of the Social Security Act criteria, even if the group home is not certified under Section 1616(e) of the Social Security Act. The local agency must also determine if the Food and Nutrition Service (FNS) as certified the facility as a retailer and whether the group home has a Point-of-Sale (POS) device in order to use food stamp benefits at the group home.

The local agency should provide the group living arrangement with blank change report forms that the group living arrangement or household could complete to report changes, including when the household leaves the group living arrangement. The agency must take prompt action to remove the authorized representative when the household leaves the group living arrangement upon learning of the address change.

The local agency must receive a periodic list of residents from the group living arrangement. The agency may establish the frequency of receiving the resident lists. The local agency must review the list to ensure that only those residents listed are participating as residents of that institution. The agency must resolve any discrepancies immediately between the list submitted by the group living arrangement and the agency's certification record.

In addition to reviewing the lists of residents in the group living arrangement, the local agency must conduct periodic random on-site visits to the center. This review is to assure the accuracy of the listings and that the local agency's records are consistent and up-to-date.

The local agency must promptly notify the Regional Office for the Virginia Department of Social Services when there is reason to believe that a group living arrangement is misusing food stamp benefits in its possession. The State Department must transmit the local agency's findings to USDA. The local agency must not take any action however, until USDA takes action or provides instructions.

e. FNS Authorization

FNS will authorize group living arrangements as a retail food store if they wish to use food stamp benefits directly through wholesalers. Since these facilities must be appropriately certified by a State or local agency, FNS approval will be withdrawn at any time the facility loses its certification.

If FNS disqualifies a facility as a retail food store, the local agency must suspend its authorized representative status for the same period. If a facility loses its certification to use food stamp benefits through wholesalers or its certification from the appropriate State or local agency, residents will not be eligible to participate except those who have applied on their own behalf. Residents who will be ineligible are not entitled to the Advance Notice of Proposed Action, but they must receive a written notice explaining the termination and when it will become effective.

3. Shelters for Battered Women and Their Children

a. Determination of Acceptable Shelter Status

Before certifying residents of shelters for battered women, the local agency must determine that the shelter for battered women

and children meets the definition of Part VII.C.1.d. of this manual. The agency must maintain documentation to support the determination to show that the shelter meets the criteria.

If a shelter has authorization by FNS to use food stamp benefits as wholesalers, the shelter will meet the criteria and no further determination is needed.

b. Special Eligibility Considerations

Many shelter residents will have recently left a household containing the person who abused them. The former household may be certified for participation in the program and its certification may be based on a household size that includes the women and children who have just left. Shelter residents who are included in such certified households may, nevertheless, apply for and, if otherwise eligible, participate in the Program as separate households if the previously certified household that includes them also contains the person who abused them.

Shelter residents who are included in such certified households may receive an additional allotment as a separate household only once a month. The local agency must certify shelter residents who apply as separate households solely on the basis of their income and resources and the expenses for which they are responsible. The agency must not consider the income, resources, and expenses of their former household in certifying these applicants. Jointly held resources must be considered inaccessible for battered women and children if access to the value of the resource depends on the agreement of a joint owner who still resides in the former household.

Room payments to the shelter are allowable shelter expenses.

Local agencies must take prompt action to ensure that the former household's eligibility or allotment reflects the change in the household's composition.

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PART VII

NONFINANCIAL ELIGIBILITY CRITERIA

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A. NONFINANCIAL ELIGIBILITY CRITERIA

Participation in the Food Stamp Program is based on both financial and nonfinancial eligibility criteria. This chapter contains a discussion of most of the nonfinancial eligibility criteria. A household will meet the nonfinancial eligibility criteria if it:

1. Resides in the locality of application; (7 CFR 273.3) (Part VII.B.)
2. **Resides in a noninstitutional setting or in an eligible institution;** (7 CFR 273.1(e)) (Part VII.C.)
3. Contains no persons currently on strike unless the household would have been eligible before the strike; (7 CFR 273.1(g)(1)) (Part VII.D.)
4. Contains a student enrolled in an institution of higher education who meets certain special eligibility requirements; (7 CFR 273.5) (Part VII.E.)
5. Contains citizens of the United States or eligible aliens (7 CFR 273.4) (Part VII.F.)
6. Registers for work, unless otherwise exempt (7 CFR 273.7). (Part VIII.A.)
7. Does not have a primary wage earner who voluntarily quits **or reduces work** without good cause (7 CFR 273.7(n)) (Part VIII.B.)
8. Provides Social Security numbers for household members (7 CFR 273.6(a)(1)). (Part VII.G.)

The presence of cooking facilities is not a criterion for determining eligibility for the Food Stamp Program.

B. RESIDENCY (7 CFR 273.3)

Residence is defined as physical presence in a locality with the intent to remain either temporarily or permanently.

Households do not have to live in the locality for a particular length of time in order to get food stamps, nor do they have to have any intent of staying any length of time. Persons vacationing in an area cannot be considered as residents.

Households must reside in the locality in which they apply for participation in the Program. Households do not have to reside in a

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permanent dwelling or have a fixed mailing address as a condition of eligibility. Migrant campsites, motels, or other temporary shelters meet the residency requirements. Households may live in vehicles, such as cars, buses, or trucks, etc. Other individuals may live on the street. As long as households maintain a physical presence in the locality, they will meet residency requirement. Households may not participate in more than one locality at a time.

See Part III.A and D for a discussion of the verification of residency.

Note: The local agency may choose to keep an ongoing case in active status during a temporary move from the locality. This policy is discussed in Part XIV.A.7.

C. RESIDENTS OF INSTITUTIONS (7 CFR 273.1(e))

1. **Definition of a Resident of an Institution**

Individuals will be considered residents of an institution when the institution provides them with the majority of their meals (over 50% of three meals daily) as a part of its normal service.

Residents of public institutions who apply for SSI before their release from an institution under the Social Security Administration's Prerelease Program for the Institutionalized may apply for food stamps at the same time they apply for SSI. For these applicants, the filing date of the food stamp application will be the date of release of the applicant from the institution.

2. Eligible Institutional Residents

Residents of institutions are not eligible for participation in the Food Stamp Program with the exceptions noted below:

- a. Residents of any federally subsidized housing for the elderly.
- b. Narcotic drug addicts or alcoholics or the children of these individuals who reside at a facility or treatment center under the supervision of a drug or alcoholic treatment and rehabilitation program. .

A drug or alcoholic treatment and rehabilitation program means a program leading to rehabilitation conducted by a private, nonprofit organization or institution or a publicly operated community health center, under Part B of Title XIX of the Public Health Service Act, or meets the criteria which would make it eligible to receive funds under Part B of Title XIX, even if it does not actually receive funds from that source.

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The treatment program must present information or documentation to show that it meets the eligibility criteria. See Part VI.E for additional information about treatment centers.

- c. Disabled or blind individuals who are residents of a public or private, nonprofit residential setting that serves no more than sixteen residents. These group living arrangements must be certified by an appropriate agency of the State or locality under Section 1616(e) of the Social Security Act and regulations based on it. **See Part VI.E for a discussion of this group living arrangement.**
- d. Women or women with their children temporarily residing in a shelter for battered women and children. A shelter for battered women and children means a public or private nonprofit residential facility that serves battered women and their children. If such a facility serves other individuals, a portion of the facility must be set aside on a long-term basis to serve only battered women and children.
- e. Residents of public or private nonprofit shelters for homeless persons.

D. STRIKERS (7 CFR 273.1(g)(1))

1. Definition of a Striker

- a. For Food Stamp purposes a striker is defined as:
 - 1) Anyone involved in a strike; or,
 - 2) Anyone involved in a concerted stoppage of work by employees (including a stoppage by reason of the expiration of a collective bargaining agreement); or,
 - 3) Anyone involved in any concerted slowdown (or other concerted interruption of operations by employees).
- b. Examples of non-strikers include:
 - 1) Employees whose workplace is closed by an employer in order to resist demands of employees, e.g., lockout.
 - 2) An individual who would have been exempt from work registration on the day prior to the strike, other than those exempt solely on the grounds that they are employed

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at the struck plant, e.g., the individual may be the caretaker of a child under 6 years of age and, therefore, would not be affected by the striker provisions.

- 3) Employees unable to work as a result of striking employees, e.g., striking newspaper pressmen preventing newspapers from being printed and, consequently, truck drivers are not working because there are no papers to deliver.
- 4) Employees who are not part of the bargaining unit on strike who do not want to cross a picket line due to fear of personal injury or death.

2. Determining Striker Eligibility at Initial Certification

Households with striking members (this does not include individuals exempt from work registration) shall be ineligible to participate unless the household was eligible immediately prior to the strike. This means that the EW must determine the household's income as though the household applied on the day before the strike for all individuals in the household on that date. Do not account for changes between this date and the date of application in the eligibility determination. For example, if an individual was in the home on the day before the strike, receiving \$100 per month, and on the date of application this individual is no longer in the home, eligibility must still be based on this individual being in the home and the income he or she was receiving. Also, in considering the striker's income as though the household applied on the day before the strike, if the striker was absent from work for one week due to sickness, for example, a full month's income is still to be counted. Normal verifications must be obtained (FNS Policy Memo 82-4).

If the household would have been ineligible had they applied the day before the strike, deny the application.

If the household would have been eligible had they applied the day before the strike, the EW shall compare the striking member's income before the strike to the striker's current income. Add the higher of the two to the current income of nonstriking members that is anticipated to determine the household's eligibility at the time of application.

Use only current resources in determining resource eligibility.

Strikers who are eligible are subject to the work registration requirements of Part VIII.A.

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3. Determining Striker Eligibility for Ongoing Cases

If a member of a currently certified household becomes involved in a strike, the definition of a striker described in Part VII.D. is still applicable. The household containing a person defined as a striker shall not receive an increased allotment as the result of a decrease in income of the striking member(s). The EW shall compare the striker's income before the strike to the striker's current income and add the higher of the two to the countable income of nonstriking members.

Use only current resources in determining resource eligibility.

Strikers who are eligible are subject to the work registration requirements in Part VIII.A.

4. Changes in Striker Status

If a striker officially terminates employment with the struck employer, he/she will no longer be considered a striker. The employer or other acceptable sources must verify an official termination.

If a striker accepts temporary employment with the intent of returning to his struck job once the strike ends, he is still considered a striker.

E. STUDENTS (7 CFR 273.5)

1. Definition of a Student

For the purposes of this chapter, the term student will refer to a person who is enrolled at least halftime in an institution of higher education. The term student will refer to a person who is:

- a. is enrolled in a business, technical, trade, or vocational school that normally requires a high school diploma or equivalency certificate for enrollment; or,
- b. is enrolled in a regular curriculum at a college or university that offers degree programs, regardless of whether a high school diploma is required.

Once a student enrolls in an institution of higher education, the enrollment shall be considered to continue through all normal periods of class attendance, vacation, and recess unless the student graduates, is suspended or expelled, drops out, or does not intend to register for the next normal school term (excluding summer school).

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Enrollment shall be considered to begin on the first day of the school term of the institution of higher education.

2. Student Exemptions (7 CFR 273.5(b))

To be eligible to participate in the Food Stamp Program, students, as identified above, must meet special criteria listed below. The resources of students who are not eligible are not considered in determining the eligibility or benefit level of other household members. The income of ineligible students shall be evaluated in accordance with Part XI.G.

To be eligible, a student must meet at least one of the following criteria:

- a. Be 17 years of age or younger or, age 50 or older;
- b. Be mentally or physically unfit;
- c. Be employed for a minimum of 20 hours per week and be paid for such employment;
- d. Be employed in a self-employed business for a minimum of 20 hours per week and receive weekly earnings at least equal to the federal minimum wage multiplied by 20 hours;
- e. Be participating in a state or federally financed work-study program during the regular school year;
- f. Be responsible for the care of a dependent household member under the age of six;
- g. Be responsible for the care of a dependent household member who is age six through age eleven where the local agency has determined that adequate child care is not available to enable the student to both attend class and satisfy the 20 hour per week work requirement or participate in work study;
- h. Be a full-time student and a single parent or caretaker who is responsible for the care of a dependent household member who is under age 12;
- i. Be receiving benefits from the TANF Program;
- j. Be participating in a work incentive program under Title IV of the Social Security Act, i.e. Virginia Initiative for Employment Not Welfare (VIEW) Program;

- k. Be participating in an on-the-job training program; or,
- l. Be assigned to or placed in an institution of higher education through:
 - 1) Programs under the Workforce Investment Act (WIA);
 - 2) The Food Stamp Employment and Training (FSET) Program;
 - 3) A program under Section 236 of the Trade Act; or,
 - 4) An employment and training program operated by State or local governments where one or more of the program's components are comparable to FSET components.

Students paid or subsidized for in-class hours are not considered employed during that time so such class attendance would not make a student eligible under the minimum 20 hour per week work requirement. In addition, the exemption for on-the-job training is valid only for the period the person is being trained by the employer.

In evaluating a student's eligibility based on the work-study provision, note that the student must be approved for work-study at the time of the application for food stamps. In addition, the work-study must be approved for the school term and the student must anticipate actually working during the school term. This exemption will begin either the month the school term starts or the month the work-study is approved, whichever is later. The student's exemption is not to continue beyond the month the school term ends or when it becomes known that a work-study assignment has been refused nor, is the exemption continued between terms when there is a break of a full month or more, unless the student is participating in work-study during the break.

In evaluating whether adequate childcare is not available for children who have reached the age of 6 but are not yet 12, the following guidelines have been developed. If:

- a. There is no licensed day care facility available; or,
- b. The student cannot afford the day care; or,
- c. There is no reliable or reasonable transportation to the day care provider;

then it is probably likely that adequate child care is not available. Note, however, that even if these factors exist, adequate childcare is deemed available if the student has arranged for day care.

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F. CITIZENSHIP AND ELIGIBLE IMMIGRANTS

Only U.S. citizens and certain immigrants are eligible for the Food Stamp Program. Based on the household's written declaration on the application, the local agency must determine if each household member is a citizen or an immigrant. If a member is an immigrant, the local agency must determine if that member is an eligible immigrant. The sponsored immigrant policies described in Part XII.C must also be evaluated for eligible immigrants who have sponsors.

1. Eligibility of Immigrants

The following categories of immigrants are eligible to participate in the Food Stamp Program:

- a. A refugee admitted under Section 207 of the Immigration and Nationality Act (INA) until seven years after the date the refugee status was granted.

The refugee category includes individuals who are victims of human trafficking. The refugees must present a letter from the Office of Refugee Resettlement that certifies or documents the status.

- b. An immigrant granted asylum under INA Section 208 until seven years after the date the status was granted.
- c. An immigrant living in the U.S. and for whom deportation is being withheld under INA Section 243(h) or Section 241(b)(3) until seven years after the deportation withholding.
- d. A Cuban or Haitian entrant, as defined in Section 501(e) of the Refugee Education Assistance Act of 1980, until seven years after the date the Cuban-Haitian status was granted. This designation includes refugee or parole status.
- e. An Amerasian immigrant until seven years after the date admitted as an Amerasian immigrant as documented by the I-94 or other forms with notations of AM1, AM2, AM3, AM6, AM7, or AM8.
- f. Lawful permanent resident immigrants who have worked for 40 qualifying quarters of coverage under Title II of the Social Security Act are eligible for food stamps. Quarters of work for jobs not covered by Title II of the Social Security Act may be credited toward the qualifying minimum. For quarters after December 1996, no federal means-tested public benefits may be

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received to count as a qualifying quarter. For this provision, public benefits are TANF, SSI, Medicaid and the Food Stamp Programs and the food assistance block grant program in Puerto Rico.

Quarters earned by the spouse of the permanent resident immigrant during the marriage, provided they are still married to each other, may be counted. Quarters earned by parents, including step- or adoptive parents, of a permanent resident immigrant before the alien turns 18, may be counted toward the qualifying minimum for the immigrant, including any quarters earned prior to a child's birth.

- g. Native Americans entitled to cross the border of the United States into Canada or Mexico. This group comprises persons born in Canada to whom INA Section 289 applies or members of an Indian tribe, as defined in Section 4(e) of the Indian Self-Determination and Education Assistance Act.
- h. Highland Laotians and Hmong tribe members who are lawfully residing in the United States and who were part of a Highland Laotian or Hmong tribe between August 5, 1964 and May 7, 1975 when such tribes assisted U.S. personnel. The unmarried dependent children, spouse, and the unremarried surviving spouse of such individuals are also eligible.

Immigrants who originally had refugee, asylum, Amerasian, or Cuban-Haitian designations or who had their deportations withheld (items a-e), but who subsequently gain permanent resident status, must continue to be certified for food stamps under the original designation for the balance of the seven-year period after the status was assigned.

2. Conditional Eligibility of Immigrants

- a. The following categories of immigrants are eligible to participate in the Food Stamp Program provided they also meet a qualified category in subsection b:
 - 1. Veterans with honorable discharges for reasons not related to alien status and persons who are on active duty in the Armed Forces of the United States, other than training. To be an eligible veteran, one must have served a minimum of 24 months or the period for which the person was called to active duty. The term veteran includes military personnel who die during active duty served in the Philippine Commonwealth Army during World War II or as Philippine Scouts following the war.

The spouse or unmarried dependent child of a veteran or person on active duty is also eligible. The surviving spouse of a deceased veteran or of an individual who died while on active duty is also eligible. Eligibility of the surviving spouse is allowed provided the spouse has not remarried and that the marriage was for at least one year, or that they were married before the end of a 15-year period following the end of the period of military service in which the injury or disease was incurred or aggravated; or, that they were married for any period if a child was born of the marriage or was born before the marriage.

2. An individual who receives payments or assistance for blindness or disability, as defined in Definitions.
 3. An individual lawfully residing in the U.S. on August 22, 1996 and who was 65 years of age or older at that time.
 4. A child under 18 years of age who was lawfully residing in the U.S. on August 22, 1996.
- b. A qualified immigrant is one who is:
1. a lawful permanent resident;
 2. a refugee admitted under INA Section 207;
 3. an asylee admitted under INA Section 208;
 4. one whose deportation is being withheld under INA Section 243(h) or 241(b)(3);
 5. a parolee admitted under INA Section 212(d)(5) and the status is granted for at least one year;
 6. a conditional entrant admitted under INA Section 203 as in effect as of April 1, 1980;
 7. a battered spouse or child, as established by INS and the agencies providing benefits that a substantial connection exists between the battery and the need for benefits;
 8. a Cuban or Haitian entrant; or
 9. an Amerasian immigrant.

3. Verification of Immigrant Status

Verification of immigrant status is mandatory for initial applications and as new household members are added. While awaiting acceptable verification, except as noted below, the immigrant whose status is unverified is ineligible but the eligibility of any remaining household members must be determined. The income and resources of the immigrant whose status is unverified is considered available in determining the eligibility of any remaining members, as described in Part XII.E. If verification of eligible status is later received, the agency must treat this as a reported change in household size.

Verification of the number of qualifying quarters to which an immigrant may directly or indirectly claim access for Food Stamp Program purposes will primarily be available from the Social Security Administration (SSA). Verification of the quarters of coverage may be accessed through the State Verification Exchange System (SVES). If verification is not obtained through SVES or in some instances, from SSA directly, or, if the SSA information is contested by the household or is incomplete, the household will be responsible for supplying proof of the amount of past wages to document the quarters earned. The SSA-Consent for Release of Information form must normally be completed for each person for whom the work history is needed. See Appendix 1 of this Part for the verification process and forms.

In instances when the number of countable quarters verified by SSA is in dispute, an immigrant will be allowed to receive food stamps for up to six months while working with SSA to resolve the issue.

As with other mandatory verifications, verification of immigrant status may be postponed for households entitled to expedited service processing. However, the household member must claim to be of an eligible immigrant category before participation is allowed for the first month.

Documentation from the Immigration and Naturalization Service (INS) or other sources that the EW determines constitutes reasonable evidence of immigrant status is acceptable. If an immigrant does not have proof of the immigration status or presents expired documents, the local agency must advise the household to contact INS to obtain verification. Forms G-845S and the Supplement in Appendix 2 of this Part may be used to obtain information from INS when evidence presented is not clear or the applicant cannot provide information.

The documentation provided by the household may be submitted to INS for validation through the Systematic Alien Verification for

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Entitlement Programs (SAVE) system. The SAVE procedures are outlined in Appendix 2 of Part VII. The use of SAVE is optional for food stamp eligibility determinations.

Immigration documentation includes, but is not limited to, the forms listed below. If there is an expiration date on an INS document and the date has expired, the document is not acceptable verification. Documents without expiration dates are valid indefinitely.

- a. Resident Alien Card, Form I-551: This form, called the green card, is issued to immigrants admitted for permanent residence.

A foreign passport or an INS document other than the I-551 is acceptable proof of permanent residency if it has the endorsement "Processed for I-551. Temporary Evidence of Lawful Admission for Permanent Residence. Valid until _____. Employment Authorized."

- b. Arrival - Departure Record, Form I-94: This form is issued by INS to persons who may or may not be eligible for food stamps. Eligible aliens with I-94s must have certain INA Sections or terms listed on the forms. INA Sections 207, 208, or 243(h) or terms, such as refugee or asylum, on the I-94 reflect eligible alien status.

- c. Employment Authorization Document, Forms I-688B or I-766: These forms are issued to persons who may or may not be eligible for food stamps.

The I-688B will be sufficient verification for these citations:

<u>Citation</u>	<u>Status</u>
274a.12(a)(1)	Lawful permanent resident
274a.12(a)(3)	Refugee
274a.12(a)(5)	Asylee
274a.12(a)(10)	Deportation Withheld

The I-766 will be sufficient verification if annotated with the following:

A3	Refugee
A5	Asylee
A10	Deportation withheld

- d. Documents such as the Employment Authorization Card, Form I-688A or the Fee Receipt, Form I-689 may be used with other verification to establish alien eligibility. These forms alone do not provide ample verification of eligible alien status.

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4. Verification of Citizenship

Citizenship must not be verified unless the household's statement that one or more of its members are U. S. citizens is questionable. If questionable, the household must be asked to provide acceptable verification. Acceptable forms of verification include:

- a. birth certificates
- b. religious records
- c. voter registration cards
- d. certificates of citizenship or naturalization provided by INS, including passports

General appearance of the applicant, foreign accent, inability to speak English, employment as a migrant farm worker, or a foreign sounding name are not sufficient reasons, in and of themselves, to consider information about citizenship questionable.

If the above forms of verification cannot be obtained and the household can provide a reasonable explanation as to why verification is not available, the local agency must accept a signed statement from someone who is a U.S. citizen which declares, under penalty of perjury, that the member in question is a U.S. citizen. The signed statement must contain a warning of the penalties for helping someone commit fraud, such as: "If you intentionally give false information to help this person get food stamps, you may be fined, imprisoned, or both."

The member whose citizenship is in question is not allowed to participate until proof of U. S. citizenship is obtained. Until proof of U. S. citizenship is obtained, the member in question will have his or her income, less a prorata share, and all of his other resources considered available to any remaining household members. (See Part XII.E.)

If the agency reduces or terminates a household's benefits within the certification period because one or more of its members is disqualified as an ineligible alien, the local agency must issue the Advance Notice of Proposed Action to inform the household that the individual is disqualified, the reason for the disqualification, the eligibility and benefit level of the remaining members, and the actions the household must take to end the disqualification, if applicable.

All persons born in the Commonwealth of Puerto Rico, American Samoa, Guam, Mariana Islands, and the U.S. Virgin Islands are U.S. citizens or nationals.

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5. Reporting Illegal Aliens (7 CFR 273.4(b))

The local agency must report to the INS any individual who the agency "knows" to be in the United States in violation of the Immigration Nationality Act. The household must present a Final Order of Deportation in order for the local agency to "know" that the person is in violation to make the report to the INS. In no other instance may the agency make the report to the INS.

If a household member presents a Final Order of Deportation issued by INS or by the Executive Office of Immigration Review, the local agency director must report to INS. The report must include the individual's:

- name
- address
- other identifying information

The agency must send the report to:

Director
Policy Directives and Instructions Branch
Immigration and Naturalization Service
425 I Street, N.W.
Room 4034
Washington, D.C. 20535
ATTN: INS No 2070-00

G. SOCIAL SECURITY NUMBERS (7 CFR 273.6)

1. Requirements for Participation

An applicant must provide the local agency with the Social Security number (SSN) of each household member, or apply for a number before certification. This provision applies to participating or applying households.

During the eligibility interview, the agency must explain to the applicant or participant that refusal or failure without good cause to provide or apply for an SSN will result in disqualification of the individual for whom the number is not obtained.

If an individual has more than one SSN, the agency must request and the household must provide all the numbers.

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2. Obtaining a Social Security Number

For individuals who provide the SSN before certification or at any other time, the agency must record the SSN and verify it according to Part III.A.1.j.

For individuals who do not have a SSN, those who do not know if they have a number, those who are unable to find and therefore cannot provide their number or those whose numbers appear questionable, the agency must direct the household to submit Form SS-5, Application for a Social Security Number, to the Social Security Administration (SSA). The agency must advise the household where to file the application for an SSN and discuss what evidence will be needed to obtain an SSN. Evidence needed includes a U.S. public record of birth established before age five or other verification of birth, such as religious records whose validity is not questionable, or hospital records, if they can be verified by the SSA. While religious and hospital records will entitle the individual to an SSN, further proof of birth is required by the SSA to establish eligibility for Social Security benefits.

If the household is unable to provide proof of application for the number for a newborn when the child is first added to the case, the household must provide the number or proof of application at its next recertification or within six months, whichever is later. If the household is unable to provide the number or proof of application within the time allowed, the agency must determine if good cause provisions exist.

The agency shall advise the household that proof of the application for an SSN from SSA will be required prior to certification, and suggest that the household member ask the SSA for proof of the application for an SSN. SSA has a Form SSA-5028, Receipt for Application for a Social Security Number, for this purpose. Local agencies may also devise their own form for this purpose; however, these must receive the approval of the Regional Food Stamp Specialist.

3. Failure to Comply (7 CFR 273.6(c))

If the local agency determines that a household member has refused or failed without good cause to provide or apply for an SSN, then the individual without the SSN is disqualified from participation in the Food Stamp Program. The disqualification applies to the individual for whom the SSN is not provided and not to the entire household. Part XII.E. contains instructions for the treatment of income and resources of the disqualified household member.

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4. Determining Good Cause (7 CFR 273.6(d))

In determining if good cause exists for failure to comply with the requirement to provide an SSN, the local agency must consider information from the household member and SSA.

Good cause for failing to apply for a number includes documentary evidence or collateral information that the household has made every effort to supply SSA with the necessary information to complete an application for an SSN. Good cause does not include delays due to illness, lack of transportation or temporary absences, because SSA makes provisions for mailing in applications for the SSN. If a household can show good cause why an application for an SSN has not been completed, the member in question shall be allowed to participate for one month in addition to the month of application for food stamps. Good cause for failure to apply must be shown monthly thereafter in order for such a household member to continue to participate.

If the household is unable to obtain the documents required by SSA in order to apply for an SSN, the eligibility worker shall assist the individual in obtaining these documents.

5. Ending Disqualification (7 CFR 273.6(e))

Once a person has been disqualified for refusal or failure to provide an SSN or apply for an SSN, the disqualified member must provide an SSN before eligibility can be established.

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A. RESOURCES (7 CFR 273.8)

Resources include both liquid and nonliquid assets. Households must report all resources (both exempt and nonexempt) held by its members at the time of application and any the members expect to receive during the certification period. The eligibility worker must document these assets in sufficient detail to permit verification, if needed. The household's resources at the time of the interview shall be used to determine whether or not its assets are below the maximum allowable resource limit.

The value of any nonexempt resource, except for licensed vehicles as specified in Part IX.D, will be its equity value. Equity is defined as the fair market value minus encumbrances, **i.e., contract amount owed, not the current payoff amount.** The fair market value is the amount the resource would bring if for sale or rent on the current market.

B. RESOURCE LIMITS

The household's total nonexempt resources (liquid and nonliquid) may not exceed:

- \$3,000 if household contains at least one member age 60 or older **or one who is disabled, as defined in Definitions.**
- \$2,000 for all other households.

The resource limits do not apply to considered categorically eligible PA households **or members.** See Part II.H.3.

C. NONEXEMPT RESOURCES

Resources used to determine eligibility include:

1. Liquid assets, such as, but not limited to:

- a. Cash on hand.
- b. Money in accounts. "Account" means a contract of deposit of funds between a depositor and a financial institution. This includes checking accounts, savings accounts, certificates of deposit, share accounts (i.e., credit union accounts), or like arrangements.
- c. Stocks or bonds.

- d. Lump sum payments, such as income tax refunds, rebates or credits, lump sum insurance settlements, refunds of security deposits on rental property or utilities, retroactive lump sum SSA, Public Assistance, Railroad Retirement benefits, or other payments.

Lump sum payments also include gambling winnings, and accumulated vacation or sick pay of terminated employees received in one installment.

- e. Funds in a trust or transferred to a trust except as stated in Part IX.E.12.e.
- f. Funds held in individual retirement accounts (IRAs) and funds held in KEOGH plans which do not involve the household member in a contractual relationship with individuals who are not household members. The amount of the IRA or includable KEOGH plan which is to be counted toward the household's resource total for Food Stamp purposes shall be the total cash value of the account or plan, minus the amount of penalty (if any) that would be exacted for the early withdrawal of the entire amount in the account or plan.
- g. After the month of receipt and following months have passed, earned income tax credits whether received as a tax refund or periodically throughout the year. (Such payments are excluded as a resource for the month of receipt and the following month.) (Admin Notices A-15-89 and A-19-91)

NOTE: When determining the amount of nonexempt liquid resources to be counted, especially bank accounts, do not consider any amount which is to be counted as income for the same month. For example, if an applicant claims that he deposited his Social Security check into a checking account, and a deposit in an amount equal to the client's check is identified, the portion of the checking account to be counted as a resource would be the account balance minus the amount of this deposit.

Joint bank accounts, i.e., Part IX.C.1.b. above, are presumed to belong, during the lifetime of all parties, to the parties in proportion to their net contributions, except that a joint account between persons married to each other shall belong to them equally (half and half). Except for persons married to each other, each party's net contribution to the account can be established by signed statements from all parties.

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E. EXEMPT RESOURCES

Resources that are not considered in determining eligibility include (7 CFR 273.8(e)):

1. The home and surrounding adjoining property, regardless of acreage, is exempt as long as property owned by others does not separate the adjoining property from the home. Public rights of way, such as roads that run through the surrounding property and separate it from the home, will not affect the exemption of the property. This exemption will also apply to any buildings or trailers on this property. If income is received from the use of this property or buildings or trailers on it, however, the money received will count as income to the household unless otherwise exempt.

Temporary absences from the home due to illness, vacation, employment, training for future employment, or uninhabitability caused by casualty or natural disaster will not affect the exempt status of the home as long as the household intends to return. A mobile home owner will qualify as owning a home and be granted this exemption status, regardless of lot ownership. The agency may not impose time limits on these absences from the home, as long as the household intends to return.

If employment reasons cause a household to reside in more than one locality and maintain a home in each locality, only the home in the locality where the household applies is exempt. The second residence will count as a resource to the household.

2. Households that currently do not own a home, but own or are purchasing a lot on which they intend to build or are building a permanent home, will receive an exemption for the value of the lot and, if it is partially completed, for the home. No specific time limit applies to this exemption, as long as the household states its intention to build at a future date.

To be considered as currently owning a home, and therefore not eligible for the exemption, a household must own both the domicile and lot where it presently resides. Therefore, a household that owns a mobile home but pays monthly rent for the lot where it is parked does not fit the definition of owning a home, and would receive an exemption for one lot on which it intended to build or was building a permanent home or on which it intended to move the mobile home.

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Households that have purchased or are purchasing a mobile home, but who have not moved it to a lot or other site will have the value of the mobile home exempted although the household is not living in it. The household cannot own the home in which it is currently living and receive this exemption. Further, the household must state its intention to move in.

3. Household goods, such as furniture and appliances, and personal effects, such as clothing and jewelry, are exempt. All tools are exempt, whether or not they are essential to the employment or self-employment of a household member.
4. One burial plot per household member is exempt. In addition, the value up to \$1500 of one bona fide funeral agreement per household member is exempt. Any value of a funeral agreement in excess of \$1500 is countable.
5. Cash value of life insurance policies is exempt.
6. Funds in pension plans are exempt as long as the funds are not withdrawn. Funds withdrawn at the time of retirement must be treated as income. Exception: KEOGH Plans that involve no contractual relationship with individuals who are not household members, and Individual Retirement Accounts (IRAs) must be counted as a resource using the procedures described in Part IX.C.1.
7. Resources of an ineligible student will not count in determining eligibility. (See Part VII.E.)
8. Vehicles

Certain licensed or unlicensed vehicles are entirely exempt. Refer to Part IX.D.1 and Part IX.D.4 for a complete discussion of vehicles in these categories.

PART X INCOME DEDUCTIONS

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A. INCOME DEDUCTIONS (7 CFR 273.9(d))

Financial eligibility of a household is based on gross or net income as described in Part XI.A. Benefit level is based on net income which is defined as the total of all countable income, both earned and unearned, after the appropriate allowable deductions have been made.

In evaluating expenses toward the calculation of the net income, the household is given credit only for expenses for which a money payment is made or due to someone outside the household. Except for Virginia Energy Assistance Program (fuel assistance) payments, deductions will not be allowed for expenses or the portion of expenses made through vendor payments or for which the household will be reimbursed. Participants of the Low-Income Home Energy Assistance Program (the Virginia Energy Assistance Program) are entitled to have actual utility expenses considered or to have the utility standard applied even if the expenses are covered by fuel assistance vendor payments but utility expenses reimbursed or paid through HUD or FmHA utility reimbursements are not deductible.

All households with income will be allowed the following deductions, if appropriate, in determining net income.

1. Standard Deduction (7 CFR 273.9(d)(1))

Each household is entitled to a standard deduction from the total gross income of the household. The amount of the deduction is dependent on the number of eligible household members. For the purpose of determining the standard deduction, household size will not include disqualified or ineligible members.

Household Size	Standard Deduction
1-4 members	\$134
5 members	\$147
6 or more members	\$168

2. Earned Income Deduction (7 CFR 273.9(d)(2))

Each household with countable earned income may deduct an earned income deduction. Twenty (20) percent of the countable gross earnings is to be deducted.

The earned income deduction is not allowed on any portion of the earned income amount received through a work supplementation or support program that is attributable to public assistance benefits. The deduction is also not allowed when determining an overissuance amount if the basis for the claim is because of the household's failure to report earned income timely.

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3. Dependent Care Expense (7 CFR 273.9(d)(4))

This deductible expense is allowed only if necessary for a household member to accept or continue employment, seek employment, comply with employment and training requirements, or attend training or pursue education that is preparatory for employment. The expense may be incurred for the care of a child or other dependent.

The maximum dependent care deduction is \$200 per month for each child under two years of age and \$175 per month for each other dependent. The total dependent care expense for each dependent should be listed on the worksheet for evaluation but the amount used in the calculation will be limited to the maximum allowed.

Requirements for verification of dependent care expenses are in Parts III.A and E. Forms of acceptable verification include a signed statement from the provider, and receipts signed by the provider, or statements from agencies or organizations assisting with child care expenses.

4. Shelter Expense (7 CFR 273.9(d)(5))

The cost of shelter will be considered after all other deductions have been determined. The allowable deduction for shelter may not exceed \$300, except as allowed below. That portion of the monthly shelter costs in excess of 50 percent of the household's adjusted net income (total gross minus the standard deduction, earned income deduction, dependent care deduction, and for households eligible for it, the homeless shelter standard and medical deduction) may be considered as a deduction not to exceed \$300 per month for cases certified before March 1, 2001. The excess shelter deduction covers the monthly cost of shelter that exceeds 50 percent of the household's monthly income after all other deductions occur. Note: The shelter deduction is **\$367** for households whose certification periods begin after March 1, 2001.

Households that contain a member who is 60 years of age or older, or who is disabled, as defined in Definitions, may receive an excess shelter deduction that may exceed the shelter maximum allowed for other households. These households will receive the actual amount that exceeds half the net income.

The agency must add together all expenses that are part of the cost of shelter, except food, to arrive at a total shelter cost figure. In determining the amount to use as the cost of shelter, the following expenses will count unless vendor payments (Part XI.F.3.) with the exception noted below in item e. cover the expenses. Note the special provisions in section 7 for assessing shelter costs for homeless households.

- a. Rent, or mortgage or loan payments or other continuing charges leading to ownership of a home, mobile home, or other type of shelter are allowable. This includes second and/or third mortgages and condominium or association fees. It includes the initial cost of moving a mobile home from a dealer to a lot, along with any set-up charges at the lot. For a subsequent move of a mobile home, only the set-up costs at the new lot are allowable. Costs incurred by a tenant in lieu of full or partial rent are allowable rental costs, provided the arrangement is with the mutual agreement of the landlord.
- b. Real estate taxes or personal property taxes on mobile homes are allowable. Taxes on the contents are not allowable.
- c. Insurance premiums on the home structure are allowable. Separate costs for insuring furniture or personal belongings, are not allowable. If insurance premiums on the home structure are combined with other costs that cannot be separated, the total premium is allowable.
- d. Repair costs that result from a fire or flood or a similar disaster are allowable provided the household will not receive reimbursement or assistance from some other source such as insurance, or private or public relief agencies. The disaster does not have to be a presidential declaration but can be personal, such as a fire damaging only one home.
- e. Utilities incurred separately and apart from the rent or mortgage cost are allowable. Actual direct utility costs may be used in determining shelter costs, even if the Virginia Energy Assistance Program covers the costs by a vendor payment.

In some situations the household may be entitled to use the utility standard as its utility expense, rather than its actual utility expenses.

A standard utility allowance has been established based on the number of persons in the residence. The standard includes an allowance for heat, electricity, gas, water, sewerage, septic tank maintenance fees, garbage collection and telephone. A household may use the standard utility allowance only if the household is responsible for a heating or cooling expense, or it receives Low Income Home Energy Assistance Program benefits.

Number of Persons	Utility Standards
1 - 3	\$194
4 or more	\$240

Multiple family units living in the same residence may have only one standard utility allowance for the residence, based on the total number of people in the residence. The agency must divide the one utility standard among the units that contribute to meeting heating or cooling costs, whether or not each unit participates in the Food Stamp Program. In these instances, each unit may use only its prorated share of the standard allowance, unless it uses its actual costs. The agency may not prorate the standard allowance if the nonhousehold members are all excluded from the household because they are ineligible to participate in the Food Stamp Program.

Example

A three-person food stamp unit lives in a house with another person. The food stamp unit and the other person each pay half of the heating costs. The food stamp unit's standard utility allowance is **\$\$120**, i.e. **\$240** (based on total number of persons in the home being 4 or more) divided by 2 (the number of units contributing to heating costs). The food stamp unit may opt to use **\$120** as its utility costs, or may use its actual utility expenses.

Only those households that receive Low Income Home Energy Assistance payments or that are responsible for an identifiable heating or cooling expense or an established percentage of an identifiable expense have the option of the utility standard. A cooling cost is a verifiable utility expense relating to the operation of air conditioning systems or room air conditioners. A heating cost is a verifiable utility expense for a primary fuel source.

Examples

- 1) The food stamp client pays for electricity that the household needs to operate the oil furnace. Other persons in the home buy oil. The food stamp client is not entitled to the standard since he has no expense for the primary fuel source. The actual electric bill is allowable since this is a direct utility expense.
- 2) A food stamp client cuts his own wood. This wood is free, but he incurs expenses of gas and oil for his chain saw. The household may not use the standard since the household does not incur an expense for the primary fuel source. The actual incidental expenses connected with obtaining the wood are not allowable since these are not direct utility expenses.

If a household incurs a utility expense such as electricity or gas that includes heating or cooling along with other uses, e.g., cooking or light, the utility standard may still be used. If the household does not incur a separate expense for heating or cooling, it is not entitled to the utility standard unless it receives Low Income Home Energy Assistance payments. Actual costs of utilities incurred by households not entitled to the utility standard are an allowable expense.

Households that have their utilities included in their rent, but who may, on occasion, have to pay an excess utility charge are not be allowed the use of the utility standard unless they receive Low Income Home Energy Assistance Payments. Households that receive HUD or FmHA payments may use the utility standard if they are responsible for utility costs beyond the HUD or FmHA payment. Households that pay a flat amount, not a percentage, for utilities to the homeowner instead of the utility vendor may not use the utility allowance. Actual or anticipated amounts for these utility charges are allowable.

If a household incurs a heating or cooling expense at any point during the year, or if such an expense is anticipated, or the household received a Low Income Home Energy Assistance payment during the period of time covered by the utility standard, or such a payment is anticipated, the utility standard may be used by the household for the full year.

Examples

- 1) A household buys oil twice a year in November and February to heat their home. This household is entitled to use the utility standard for the full twelve months of the year.
- 2) A household lives in an apartment where heat is included in the rent. The household, however, uses an air conditioner in the summer and is responsible for the electric bill for the apartment. Since a cooling expense is incurred, the household is entitled to use the utility standard for the full twelve months of the year.

Each household must receive a thorough explanation of the options available in considering utility expenses. The agency must inform the household that the use of actual utility costs could result in a shorter certification period, and that the use of actual utility expenses that exceed the standard could result in a larger deduction. The household may switch between use of the standard and actual costs only at the time of certification. If the household moves while certified, the

household may switch from one to the other. If the household initially chose to use actual utility costs but the utility standard was allowed because the household failed to verify the costs timely, the use of actual costs upon receipt of verification will not be allowed until recertification.

- f. The utility standard includes the basic service fee for a telephone so a household that uses the utility standard may not also claim a separate telephone expense. For a household that uses actual utility expenses and who incurs an expense for a basic telephone service, or an established percentage of such an expense, the household must use a telephone standard of **\$43**, or the appropriate percentage of the standard.

The agency must divide the telephone standard among households sharing the expense. A telephone expense is allowable even if the household is not entitled to any other utility allowance.

Example

Two food stamp units live together and each pays half of the telephone bill. The bill includes charges for basic service. Each household will receive half the telephone standard as its telephone expense.

- g. Initial installation fees charged by a telephone, utility, or septic tank company are allowed as an expense, over and above the cost of the actual utility. Initial installation fees are allowable even if the utility or phone standards are used. The household may choose to have the installation bill averaged over the months in the certification period or to have the bill assigned to the month received or due. If a payment or budget plan has been established, the expense may be allowed for each month in the payment plan.
- h. One-time deposits for utilities, telephones, apartments, etc., will not count as shelter costs.
- i. Shelter expenses, as described above, include the costs for a home (owned or rented) that is temporarily unoccupied provided the household intends to return to the home. The home may be unoccupied because of employment, training, illness, or a natural disaster or loss. If the household has shelter expenses for both an occupied and unoccupied home, the household is entitled to only one utility or telephone standard.

The cost of shelter cannot be claimed if the vacated home is rented to someone else or if a rent-free occupant is claiming the cost of shelter for the home in question for food stamp purposes.

- j. Verification requirements for shelter expenses are covered in Parts III.A and E. Receipts or statements from the provider are sources of acceptable verification. For homes that are temporarily unoccupied, the local agency is not required to assist in obtaining verification of expenses if the verification would have to be obtained from a source outside the locality.

5. Medical Expenses (7 CFR 273.9(d)(3))

The total cost of medical expenses incurred by elderly or disabled household members, excluding special diets, will be allowed as a deduction for those households when the cost exceeds \$35 a month. If the cost is only \$35 or less, no deduction will be allowed.

This \$35 limit applies to the entire household and is not applied individually to the expenses of members who may be entitled to a deduction. For example: a household which consists of two members, both over 60 years of age, incurs medical expenses of \$20 a month for each person. The total monthly medical expense for this household is \$40. Subtract the \$35 limit from the total expenses of \$40. The household would receive a monthly medical deduction of \$5.

Persons who are 60 years of age or over or who are disabled as described in Definitions may be eligible for this deduction. An individual must be elderly or disabled when the medical expense is incurred.

Spouses or other persons receiving benefits as a dependent of the eligible individual are not entitled to this deduction.

a. Allowable expenses include:

- 1) Medical and dental care including psychotherapy and rehabilitation services provided by a licensed practitioner authorized by State law or other qualified health professional.
- 2) Hospitalization or outpatient treatment, nursing care, and nursing home care. Costs for persons who were household members immediately prior to entering a State recognized facility (nursing home or hospital), will also be allowed.
- 3) Prescriptive drugs, when prescribed by a licensed practitioner, and other over-the-counter medication (including insulin, aspirin, antacids, etc.) which is approved by a licensed practitioner. Cost of medical supplies, sick room equipment (including rental) or other prescribed equipment.

- 4) Health and hospitalization insurance policy premiums. Costs of health and accident policies such as those payable in lump sum settlements for death or dismemberment are not allowed. Costs of income maintenance policies such as those that continue mortgage or loan payments while the beneficiary is disabled are also not deductible.
- 5) Medicare premiums related to coverage under Title XVIII of the Social Security Act and any cost-sharing or spend-down expenses incurred by Medicaid recipients.
- 6) Costs of dentures, hearing aids, and prosthetics.
- 7) Costs of securing and maintaining a seeing eye or hearing dog or other attendant animal as well as veterinarian bills and food for the animal.
- 8) Costs of eyeglasses prescribed by a physician skilled in eye disease or by an optometrist.
- 9) Reasonable costs of transportation and lodging to obtain medical treatment or services. Actual verified amounts shall be used. If specific amounts cannot be verified, then the prevailing rate in the community or the state mileage allowance shall be used.
- 10) Costs of maintaining an attendant, homemaker, home health aid, or child care services or housekeeper, necessary due to age, infirmity, or illness. In addition, an amount equal to the one-person coupon allotment shall be deducted if the household furnishes more than half of the attendant's meals. The coupon allotment that is in effect at the time of initial certification shall be used and the local agency is only required to update the allotment amount at the next recertification, if there has been an adjustment in coupon allotments.

If a household incurs attendant care costs, as defined above, that qualify as both a medical deduction and dependent care deduction, the local agency shall treat the cost as a medical expense.
- 11) Telephone fees for amplifiers and warning signals for handicapped persons and costs of typewriter equipment for the deaf. (These costs are not to be entered as shelter costs.)

The above expenses are also allowable when incurred by a household member who is now deceased and which now are the responsibility of the remaining household members.

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A. INCOME ELIGIBILITY STANDARDS (7 CFR 273.9(a))

To be eligible for Food Stamp benefits, the countable gross monthly income of households shall not exceed the monthly income limits shown below in Chart #1. The gross income limits of Chart #1 do not apply to households with a member who is 60 years of age or over (including a member whose 60th birthday is in the month of application), or to households with a member who is disabled, as defined in Definitions.

For the self-employed, the EW must first exclude the cost of doing business. For the student receiving educational benefits, the EW must first exclude allowable educational expenses as described in Part XII.G.

All households, except those that are categorically eligible, must be determined eligible based only on net income (gross income less allowable deductions listed in Part X.A). The maximum net income limits are shown in Chart #2.

INCOME ELIGIBILITY LIMITS		
Household Size	CHART #1	CHART #2
	Gross Income Maximum	Net Income Maximum
1	\$ 960	\$ 739
2	1,294	995
3	1,628	1,252
4	1,961	1,509
5	2,295	1,765
6	2,629	2,022
7	2,962	2,279
8	3,296	2,535
Each additional member	+334	+257

The allotment for all households will be based on net income. While categorically eligible households, as defined in Part II.H.3, do not have to meet either the gross or net income eligibility standards, the net income limits are used to determine entitlement to an allotment even for these households.

B. COUNTABLE INCOME

Countable income is all household income, earned and unearned, from whatever source, excluding only that income specified in Part XI.F.

Income received by one person for another person or for multiple beneficiaries is considered the income of the person receiving it, unless the provisions of Part XI.G. (earned income of several members combined into one payment) are applicable. Any income exclusions, such as a third party fund exclusion, are evaluated according to Part XI.F.

When verification of income is required, the local agency shall verify gross amounts, and the rate and frequency (i.e., weekly, semi-monthly, etc.) the income is received. For income received more often than monthly, the payment cycle, i.e., the day the income is received, must also be verified.

C. EARNED INCOME (7 CFR 273.9(b)(1))

Earned income includes:

1. Wages and Salaries

All wages and salaries for services performed as an employee. This includes wages held by an employer at the employee's request and advances on wages as discussed in Part XII.H. Gross wages are considered, regardless of the amount and nature of the deductions, unless any portion of the gross pay is considered excludable under Part XI.F. or unless the gross amount reflects credit for employee benefits. In situations where benefits are reflected as credits and where the employee cannot elect to receive a cash payment, the amounts shown on the pay stub will not count as income. If an employee elects to have money withheld from the earnings to pay for employee benefits, that money must be counted as income.

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Sale price	\$1,000
Reported as gross	<u>x 50%</u>
Taxable income	\$ 500

For Food Stamp purposes the entire proceeds, or \$1,000, would be included as gross income.

5. Allowable Costs of Producing Self-Employment Income (7 CFR 271.11(a)(4))

Allowable costs of producing self-employment income includes, but not limited to, the following:

- a. the identifiable costs of labor, stock, raw material, seed and fertilizer.
- b. payments on the principal of the purchase price of income producing real estate and capital assets, equipment, machinery and other durable goods or on the principal for improvements to real estate.
- c. interest paid to purchase income producing property, capital assets, equipment, machinery, and other durable goods.
- d. insurance premiums paid on income producing property.
- e. taxes paid on income producing property.
- f. costs of repairs to property needed for general maintenance.
- g. identifiable shelter costs needed for the business enterprise.

For households whose mortgage payments represent an investment in the household's residence as well as an investment in income producing property, the mortgage payment, interest, and taxes will be deductible only as part of the household's shelter costs and not as a cost of producing income. If the household can document, however, that costs on that portion of the home used in the self-employment enterprise are separate and identifiable, **payments on the mortgage principal**, taxes, interest, and other identifiable costs may be deducted as a cost of doing business.

6. Costs Not Allowed (7 CFR 273.11(a)(4)(ii))

The following items are not deductible as a cost of doing business:

- a. net losses from previous periods.
- b. federal, state, and local income taxes.

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- c. money set aside for retirement purposes.
- d. other work related personal expenses, such as transportation to and from work.
- e. depreciation.

NOTE: "b", "c", and "d" are included in the 20% earned income deduction.

7. Allowable Costs of Producing Income for Day Care Providers

When day care is provided in the home of a member of one household to children other than those living in the same food stamp household, an allowance must be made for the cost of meals and snacks that are provided. The allowance is as follows, unless the provider documents actual costs that exceed these amounts:

Breakfast - **\$.98** per meal; Lunch or Supper - **\$1.80** per meal;
Snacks - \$.53 per meal.

Money paid to day care providers under Section 12 of the School Lunch Act to serve meals to children, other than their own, is countable. Allowable business costs, as described above, are given.

8. Net Loss from Farm or Fishing Operations (7 CFR 273.11(a)(2)(iii))

Self-employed farmers as defined in Part XII.A.b of this manual and self-employed fishermen may have a net loss once allowable costs of doing business are deducted from gross farm income. If the farmer or fisherman receives annual gross proceeds of \$1,000 or more from the farming or fishing enterprise, any net loss amount must be prorated over the year in the same manner used to prorate the farm or fishing income. Losses from farm or fishing self-employment enterprises are offset in two phases. The first phase is offsetting against non-farm/fishing self-employment income. The second phase is offsetting against the total of earned and unearned income. The gross income eligibility standard is applied after offsetting. The earned income deduction is based on wages and salaries, and any income from self-employment remaining after the first phase of offsetting.

9. Depreciation

Depreciation is not allowed as a cost of producing self-employment income for equipment, machinery or other capital investments necessary to the self-employment enterprise.

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PART XIV

HANDLING CHANGES

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- a. If a household's benefits are reduced or terminated within a certification period because one of its members was disqualified due to intentional program violation, the EW must notify the remaining members of their eligibility and benefit level at the same time the excluded member is notified of his or her disqualification. The household is not entitled to an *Advance Notice of Proposed Action*, but may request a fair hearing to contest the reduction or termination of benefits, unless the household has already had a hearing on the amount of the claim.
- b. If a household's benefits are reduced or terminated within the certification period because one or more of its members is an ineligible alien, was sanctioned while he or she was participating in a household disqualified for failure to comply with Workfare requirements, was ineligible because of non-compliance with work requirements, or was disqualified for refusal to obtain or provide an SSN, the EW must issue an *Advance Notice of Proposed Action* which informs the household of the exclusion, the reason for the exclusion, the eligibility and benefit level of the remaining members and the actions the household must take to end the exclusion.

7. Retention of Cases When Households Temporarily Leave Project Area

The provisions of this section will not apply to households with current TANF or Refugee Assistance recipients if the agency transfers a TANF or Refugee Assistance case.

When a participating household is forced to seek temporary housing outside the city/county of usual residence, but still in Virginia, the original locality may, at its option, keep the case in active status for up to two calendar months after the move to another Virginia locality. The case must close at the end of the second month if the household does not return to the original locality. The case must close even if it remains the household's intent to return to the locality. The agency must send an adequate notice to close the case.

Changes to reflect the new address, shelter costs, income, household composition, or any other reported changes must be acted on and verified, if necessary, in accordance with the "Local Agency Action on Changes" section of this chapter.

The EW must consider the distance to the household's temporary address in deciding to keep a case active after the move from the locality.

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If the distance and/or other concerns such as inadequate transportation would hinder continued participation, the EW should close the case and instruct the household to apply in the new locality. In addition, the EW should close the case if the moving household's circumstances are unknown or are uncertain. The EW must close the case if the household requests closure.

This policy only applies to ongoing cases, including households due for recertification. Newly applying and reapplying households must file applications in the current locality of residence. If the household moves while a new application or reapplication is pending, the original locality must determine eligibility for the month of application and any other month during which the household was in the locality on the first day of the month.

B. ADVANCE NOTICE OF PROPOSED ACTION

The household must receive written notice prior to any action to reduce or terminate benefits within the certification period. The advance notice period is 10 days and begins with the day following the date the notice is given or mailed to the household.

The agency may the Notice of Action for this purpose, unless benefits in both TANF and Food Stamps are being reduced or terminated simultaneously. In that case, use the Advance Notice of Proposed Action. Both forms and instructions are in Part XXIV. The Appeals and Fair Hearings pamphlet must be provided if computer-generated versions of the forms are used.

The following chart indicates which IEVS or other matches or inquiries require independent verification before advance notice can be sent:

<u>Source</u>	<u>Independent Verification?</u>
Department of Motor Vehicles (DMV)	Yes
Virginia Employment Commission (VEC) Unemployment Benefits	No
VEC-Earnings	Yes
BENDEX - OASDI Benefits	No
SDX - SSI Benefits	No
Internal Revenue Service - Unearned Income	Yes

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C. ADEQUATE NOTICE

The time for providing adequate notice of a change in benefits is by the time the changed benefits are received by the household, or, if benefits are terminated, by the time the benefits would have been received had the case not been closed. The *Notice of Action* is to be used for this purpose. The form and instructions for its use are in Part XXIV.

In the following situations, while an advance notice is not required, adequate notice is necessary when:

1. Certain mass changes take place (see Part XIV.A.4.).
2. A waiver to an *Advance Notice of Proposed Action* is signed because continuing the original coupon allotment will result in a claim for which the household may be required to repay. The EW must explain to the household that it is the household's choice whether or not to sign the waiver.
3. A household is converted from cash and/or food stamp coupon repayment of a claim to benefit reduction. (See Part XVII.F.).
4. Benefit reduction is invoked when a participating household responds to a demand letter by requesting renegotiation of the repayment schedule but the agency determines renegotiation is not warranted. (See Part XVII.F.)
5. The person is a resident of a drug or alcoholic treatment center or group living arrangement and the facility loses its FNS authorization or its certification from the appropriate State or local agency.

Note: Residents of group living arrangements applying on their own behalf are still eligible to participate.
6. A household member is disqualified for fraud, or the benefits of the remaining household members are reduced or terminated to reflect the disqualification of that household member.
7. The local agency determines, based on reliable information, that the household will not be residing in the locality as of the first day of the next month unless the provisions of Part XIV.A.7 apply.
8. A certified household's address is unknown and mail has been returned by the post office indicating no known forwarding address.
9. A household files a timely request for a fair hearing and requests continuation of benefits in response to a prior notice to reduce or terminate benefits.

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D. ODD SUPPLEMENTAL ALLOTMENTS

There will be occasions when a household is entitled to an odd allotment of \$1.00, \$3.00, or \$5.00. This can occur when a household reports a change that requires that a supplemental allotment be given (Part XIV.A.), when a replacement allotment is given because stamps were reported as destroyed (Part XVIII), when restoration of lost benefits is given (Part XVI.A.), or when an allotment reduction calculation results in an entitlement to \$1.00, \$3.00 or \$5.00 (Part XVII.F.).

When an EW determines entitlement to a \$1.00, \$3.00, or \$5.00 allotment, the authorization document must reflect the higher even dollar amount. The EW must document the case record to explain the discrepancy. In an allotment reduction situation, the amount credited toward the claim must reflect the higher even dollar amount that was issued.

Example

A household is eligible for a \$13 allotment. The allotment reduction formula requires \$10 to be recouped. However, \$13 minus \$10 equals \$3, which must be raised to \$4 for issuance purposes. The agency therefore posts a \$9 allotment reduction (\$13 minus the \$4 actually issued equals a \$9 reduction).

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A. GENERAL PROVISIONS

All persons who are able to work must be working or actively engaged in a work activity in order to receive food stamps. Unless an exemption to the Work Requirement exists, individuals may receive food stamps for only three months during a 36-month period.

A nonexempt able-bodied household member must:

1. work for cash wages in any amount or for in-kind goods or services for 20 hours or more per week, averaged monthly;
2. participate in and comply with requirements of an employment services program operated by the Department of Social Services, other than job search, for 20 hours or more per week or for the number of hours assigned for the work experience component as calculated by the household's allotment divided by the federal minimum wage;
3. participate in and comply with non-departmental (DSS) work programs for 20 hours or more per week;
4. serve in an unpaid, volunteer capacity for a public or private agency, at a minimum, for the number of hours that is equal to the **household's** allotment divided by the federal minimum wage; or
5. any combination of these activities

in order to receive food stamps beyond three months. A nonexempt able-bodied household member may also participate in and comply with Workfare program requirements (Part XXII) in order to receive food stamps beyond three months. If the member was unable to work, as described above, because of good cause, the member will meet the Work Requirement as long as the absence is temporary and the member retains the job.

The 36-month period is a fixed period from the first of the month in which a household containing an individual subject to the Work Requirement is certified. The 36-month period will begin and continue for any household member between the ages of 18 and 50, even if an exemption from the work requirement exists for that member at the time of certification or other case action. Tracking must be completed for all persons within the age range, even when they are exempt.

Any month in which an affected individual receives the full benefit month as part of a certified household will count toward the three-month limit. Months in which a household receives prorated benefits will not count toward the three-month limit. Months in which the household does not receive an allotment because benefits are prorated to zero (i.e., less than \$10) will not count toward the limit however. Months in which a certified household is eligible to receive benefits but does not actually participate do not count toward the three-month period. Months for which a household

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repays benefits received erroneously also will not count toward the three-month limit once the household repays the claim in full.

A work program, for the purposes of this provision, will include programs operated under the Workforce Investment Act (WIA) and the Trade Adjustment Assistance Act in addition to the agency-sponsored employment and training programs. Job search activities assigned through FSET or other state or local social services programs are not acceptable tasks to count toward establishing a household member's eligibility for continuing benefits beyond the initial three-month limit. Job search activities assigned through WIA will be evaluated as an acceptable task however.

After three months of receiving benefits, an individual, not exempt from the Work Requirement, is not entitled to additional benefits during the balance of the 36-month period, except as allowed in Part XV.C. The agency must send an advance notice to participating households when a member becomes ineligible to participate further. These household members are disqualified household members during any period in which the individuals do not meet the Work Requirement. See Parts VI.C and XII.E for a discussion of disqualified household members.

Ongoing households with members who are not eligible because of the work requirement must continue to report changes involving these members. These households must be assigned certification periods of three months or less in order to capture information about the ineligible members who would otherwise be required to be household members.

B. WORK REQUIREMENT EXEMPTIONS

The following persons are exempt from the Work Requirement:

1. Any person who is under 18 years of age or over 50 years of age. See Part XIII.A.2.
2. Any person who is medically certified as mentally or physically unfit for work.
3. Any adult member of a food stamp household of which a child under age 18 is present.
4. A pregnant woman.
5. Any resident of a locality with an annual unemployment rate of 10% or greater or with a labor surplus, unless the locality opts not to receive the exemption. See Appendix 1 of this Part for the Virginia localities that meet these exemption categories.
6. Any person who is otherwise exempt from work registration as outlined in Part VIII.A.1.

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PART XVI

RESTORATION OF LOST BENEFITS

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A. RESTORATION OF LOST BENEFITS (7 CFR 273.17(a) and (b))

1. The local agency must restore any benefits that the household lost whenever:

- a. The State Department or local agency causes an error that results in a loss;
- b. **Federal regulations or instructions** specifically provide for restoration of lost benefits; or,
- c. The loss was due to an **intentional program violation** disqualification **based on a court conviction** and the decision of the court is reversed.

The local agency may discover the need for restoration of lost benefits when the Quality Control process determines that an agency's action to deny or terminate benefits was invalid.

The local agency must also restore benefits whenever the loss was caused by an error of the Social Security Administration (SSA) when the error resulted from joint processing of an SSI household. Such an error would include, but is not limited to, the loss of a food stamp application after the applicant filed an application with SSA.

2. Households will not normally receive restoration for an action that occurred more than 12 months before the most recent of the following:

- a. The month the household, or another person or agency notified the local agency in writing or orally of the possible loss to a specific household;
- b. The month the local agency discovers, in the normal course of business, that a loss to a specific household has occurred; or,
- c. The date the household requested a fair hearing to contest the adverse action that resulted in the loss.

Any exceptions to the 12 month restriction on restoration, will be noted at the time specific policy requiring a restoration is issued.

If the State or local agency determines that a loss of benefits has occurred, and the household is entitled to restoration of those benefits, the local agency shall automatically take action to restore any benefits lost within the limits described above. No action by the household is necessary.

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The local agency must notify the household of its entitlement and other pertinent information by providing the household with the Entitlement to Restoration of Lost Benefits. See Part XXIV for a copy of the form and instructions. The agency must also use the form to notify households who have requested a review of their case for lost benefits that the household is not entitled to restored benefits.

The agency must provide restoration benefits to any household entitled to the benefits even if the household is currently ineligible.

B. COMPUTING THE AMOUNT TO BE RESTORED (7 CFR 273.17(d))

After correcting the error and excluding those months for which benefits may have been lost prior to the 12-month time limits described in Part XVI.A., the local agency must calculate the amount to be restored as follows:

1. If the household was eligible but received an incorrect allotment, the agency must calculate lost benefits only for those months the household participated.
2. If the loss was caused by an incorrect denial or termination of benefits, the EW must calculate the months affected by the loss as follows:
 - a. If an eligible household's initial application or reapplication was erroneously denied, the month the loss initially occurred will be the month of application, or for an eligible household filing a timely application for recertification, the month following the expiration of its certification period.
 - b. If an eligible household's benefits were erroneously terminated, the month the loss initially occurred will be the first month benefits were not received as a result of the erroneous action.

Example

An eligible household's benefits were erroneously terminated effective June 30. The error was discovered in August and the household was given an opportunity to participate in August. The household is entitled to restoration of lost benefits for the month of July.

After computing the date the loss initially occurred, the loss must be calculated for each month subsequent to that date until either the first month the error is corrected or the first month the household is found ineligible.

Examples

- 1) The local agency has determined that a household is entitled to restoration of lost benefits beginning July 1. The error made by the local agency was corrected in September and an opportunity to receive the correct allotment was provided in September. Benefits must be restored for July and August.
- 2) The local agency has determined that another household is also entitled to restoration of lost benefits beginning July 1. The error was found in September, at which time it was determined that the household would not have been eligible for other reasons in either August or September. The household would have been eligible in July. Benefits must be restored for July only.
3. For each month affected by the loss, the local agency must determine if the household was actually eligible. In cases where there is no information in the household's case file to document that the household was actually eligible in that month, the local agency must advise the household of what information must be provided to determine eligibility for these months. For each month the household cannot provide the necessary information to demonstrate its eligibility, the household is ineligible.
4. For the months the household was eligible, the local agency must calculate the allotment the household should have received. If the household received a smaller allotment than it was eligible to receive, the difference between the actual and correct allotments equals the amount to be restored.

Example

A household was certified for **benefits** for \$70.00 for the months of July through September. The household participated, i.e., **benefits were posted to the EBT account** each of these three months. The **amount of benefits** should have been \$100.00 each month. As a result, the household is entitled to \$90.00 in lost benefits ($\$100.00 - \$70.00 = \30.00 X 3 months = \$90.00).

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5. If a claim against a household is unpaid or if an overissuance and an underissuance of benefits are discovered at the same time, the agency must offset the amount to be restored against the amount due on the claim before the household will receive any restored. Claims may not be offset against the household's current month's even if the initial allotment includes a retroactive amount.

C. METHOD OF RESTORATION (7 CFR 273.17(f))

Regardless of whether a household is currently eligible or ineligible, the local agency must restore lost benefits to a household by issuing an allotment equal to the amount of benefits that were lost. The agency must provide the restored amount in addition to the **monthly benefits** currently eligible households are entitled to receive.

The local agency must honor reasonable requests by households to restore lost benefits in monthly installments. A reasonable request would include that the amount to be restored is more than the household can use in a reasonable period of time.

D. RESTORING BENEFITS TO HOUSEHOLDS NOT RESIDING IN THE LOCALITY

There may be times when a household no longer residing in the locality is due restoration of lost benefits. In these instances, **if the household is participating in the Food Stamp Program in another Virginia locality, the agency must notify the new locality and submit documentation to allow the new agency to post benefits to the household's EBT account. If the household is not participating in the Food Stamp Program in another Virginia locality, the agency must post benefits to the EBT account or convert the EBT benefits to coupons if the household now resides in a state that does not have electronic benefit issuance.**

E. CHANGES IN HOUSEHOLD COMPOSITION (7 CFR 273.17(g))

Whenever a household is due lost benefits and the household's membership has changed, the local agency must restore the lost benefits to the household that contains a majority of the individuals who were household members at the time the loss occurred. If the local agency cannot locate or determine the household that contains a majority of household members, the local agency must restore the lost benefits to the household containing the person designated as the head of the household at the time the loss occurred.

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F. RECORD KEEPING (7 CFR 273.17(h))

The local agency must maintain **any documentation that supports the entitlement to restoration** for each instance in which restoration of lost benefits is appropriate.

G. DISPUTED BENEFITS (7 CFR 273.17(c))

If the local agency determines that a household is entitled to restoration of lost benefits, but the household does not agree with the amount to be restored as calculated by the local agency, the household may request a fair hearing within 90 days of the date the household is notified of its entitlement to restoration of lost benefits. The household may also request a hearing on any other action taken by the local agency to restore lost benefits. If the household requests a hearing before or during the time the agency is restoring lost benefits, the household will receive the lost benefits as determined by the local agency pending the results of the fair hearing. If the fair hearing decision is favorable to the household, the local agency must restore the additional lost benefits in accordance with the decision.

If a household believes it is entitled to restoration of lost benefits, but the local agency does not agree after reviewing the case file, the household has 90 days from the date of the local agency determination to request a fair hearing. The local agency must restore lost benefits to the household only if the fair hearing decision is favorable to the household. The household is not entitled to benefits lost more than twelve (12) months before the date the local agency initially discovered the household's possible entitlement to lost benefits.

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- (ii) a case referred for prosecution was declined by the prosecutor;
- (iii) a case referred for prosecution was formally withdrawn by the local agency because no action was taken by the prosecutor within a reasonable period of time.

Cases dismissed in court or acquitted in court may not be referred for an ADH. A case is not to be referred for an ADH while its referral for prosecution is in process. An ADH does not prevent the local agency, state or federal government from prosecuting the household member for an IPV in a court of appropriate jurisdiction.

C. CALCULATING THE CLAIM AMOUNT (7 CFR 273.18(c))

1. Claims Not Related to Trafficking

A claim must be calculated back to at least twelve months prior to when the local agency discovered the overpayment, except for an IPV claim, which must be calculated back to the month the act of intentional program violation first occurred. In addition, for all claims, the local agency must not include any time period that occurred more than six years before the local agency discovered the overpayment.

The local agency must determine the correct amount of benefits for each month the household participated. The income conversion factors of 4.3 or 2.15 must be used, if appropriate, based on Part XIII.A.3, to determine the monthly income. If the claim is an IHE or an IPV claim, the local agency must not apply the earned income deduction to that part of any earned income that the household failed to report in a timely manner.

If, due to either an inadvertent error on the part of the household or an intentional act on the part of the household, a household failed to report a change in its circumstances within 10 days of the date the change became known to the household, the first month that benefits were overpaid will be the first month in which the change would have been effective had it been reported in a timely manner. **Factor in only the 10-day reporting period and the advance notice period.** In no event, however, may the local agency determine as the first month in which the change would have been effective, any month later than two months from the month in which the change in household circumstances occurred.

If the household reported a change within the prescribed time limits, but the local agency did not act on the change on time, the first month affected by the local agency's failure to act must be the first

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month the local agency should have made the change effective. Therefore, if an advance notice was required but was not sent, the local agency must assume that the maximum advance notice period as provided in Part XIV.A. would have expired without the household requesting a fair hearing. **Do not factor in a 10-day agency action period.**

For categorically eligible households, a claim will only be determined when it can be computed on the basis of changed household net income or household size. A claim may not be established if there was not a change in net income and/or household size.

If an overpayment is discovered for a month or months in which a mandatory Food Stamp Employment and Training participant has already participated in a work experience assignment, the agency must follow these procedures:

- a. If the person who performed the work is still subject to a work obligation, determine how many extra hours were worked because of the improper benefit. The participant is to be credited that number of hours toward future work obligations.
- b. If the work experience assignment does not continue, determine whether the number of hours involved is more than the number which could have been assigned had the proper allotment been used to calculate the work obligation. Establish a claim for the amount of the overpayment not "worked off", if any. If the hours worked equal the amount of hours calculated by dividing the overpayment by the federal minimum wage, no claim will be established. No credit for future work requirements may be given.

Once the local agency calculates the amount of correct benefits the household should have received, the local agency must subtract the correct amount of benefits from the benefits actually received to determine the amount of the overpayment or claim.

After calculating the amount of the claim, the local agency must offset the amount of the claim by any amounts which have not yet been restored to the household. The Record of Entitlement to Lost Benefits must be completed to document the offsetting. The original must be sent to the household and a copy must be retained by the agency. The local agency must also offset the amount of the overpayment by any electronic benefits expunged from the household's EBT account. The difference is the amount of the claim.

If the information needed to compute an overpayment is lacking, no claim can be established until such time that the information is received.

PART XVIII REPLACEMENT OF EBT CARDS, BENEFITS AND FOOD

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A. Replacement of EBT Cards

This chapter covers general guidance for replacing EBT cards, benefits in electronic benefit accounts and food purchased with food stamp benefits destroyed in a household disaster. See Chapter G of the Virginia EBT Policies and Procedures Guide for additional information.

Households need an EBT card to access benefits. The cardholder may call the Customer Service Representative (CSR) for the EBT card vendor or to the local agency to request a replacement card. The CSR will validate the system address before issuing a replacement card if the cardholder calls Customer Service for a replacement card. If the address is incorrect, the card vendor will not mail a replacement card but will refer the cardholder to the local agency to have the address updated.

Cardholders will generally receive a replacement EBT card through the mail. Depending on individual household circumstances however, the local agency may provide a vault card as a replacement card. The cardholder must call the CSR to request a change in the status of a card before the local agency can issue a vault card if the original card is still active. The cardholder does not need to call the CSR if the card already has an inactive status code.

The EW must authorize the issuance of a vault card for replacing an EBT card and notify the Issuance Unit through the completion of the *Internal Action and Vault EBT Card Authorization* form. The household may need to complete the *Nonreceipt Affidavit/Vault Card Replacement Request* form to document the need for a replacement in order for the local agency to credit the replacement fee to the household's account. See Part XXIV for a copy of these forms.

A cardholder may need a replacement if the original card is lost, damaged, destroyed in a household disaster, or stolen. A cardholder will also need a replacement card if the original card is undelivered through the mail.

In most instances, a request for a replacement card will result in the deduction of a \$2.00 card replacement fee from a household's EBT account. The vendor should not apply the card replacement fee for reapplying households or for replacements for returned, undelivered cards. The local agency must credit the fee back to the household's account if the replacement is due to a household disaster, violence against the household or for improperly manufactured cards. See Part XVIII.A.4 for information about assigning and crediting of the fee for replacement cards.

1. Undelivered EBT Card

a. Undeliverable, Returned Cards

The post office will not deliver EBT cards with inaccurate or incomplete addresses. The post office will not forward EBT cards to a new or changed address if households move but fail to report the change to the local agency.

If the card is undeliverable because of an incomplete or inaccurate address for the primary cardholder or the authorized representative, the EW must update the mailing address, as appropriate.

b. Nonreceipt of the EBT Card

In instances when cardholders report the nonreceipt of a mailed EBT card to the local agency, the agency must check the Administrative Terminal to determine the mailing date and check if the status of the card has been changed. If more than six mail days has passed and the status of the card is unchanged, the cardholder must call the CSR to request a new card. If the local agency is to issue a vault card as the replacement card, the cardholder must still also call the CSR to change the status of the original card.

In some instances, the Department of Social Services may have already received the undelivered card and may have changed the status of the card by the time the cardholder reports the nonreceipt to the local agency or the CSR. In these instances, either the vendor or the local agency may initiate the replacement without further delay.

If the cardholder reports the nonreceipt of a mailed EBT card to Customer Service after a sufficient mail period, the CSR will change the status of the card to cancel the card. The vendor will mail another card to the household or, at the cardholder's option, defer mailing another card to allow the cardholder to receive a vault card at the local agency.

When a cardholder requests a vault card as replacement, the Issuance Worker must determine if there has been a sufficient period for delivery of the mailed card and determine the status of the original card before issuing a vault card. If the Administrative Terminal inquiry shows that the card has an active or a nonactivated status, the cardholder must call CSR to request a change in the status of the card. If there is an

inactive status when the Issuance Worker inquires or once there is an inactive status, the local agency may issue a vault card to the cardholder.

Households will not have the \$2.00 card replacement fee assessed against their benefit accounts when they receive replacement of undelivered cards. Households will generally have the card replacement fee automatically deducted from the account except when there is a replacement card for a card in an inactive status such as the initial card lost in the mail or one returned as undeliverable.

2. Lost, Stolen, Damaged Cards

When a cardholder reports an inability to access the household's benefits because the EBT card is unavailable for use, the cardholder must call CSR to request deactivation of the card. Deactivation will prevent the usage of the card should the cardholder or someone else attempt to use the card.

The cardholder must request replacement of the card through the CSR or the local agency. The cardholder must note the reason for the replacement to the local agency. The reason for the destruction or unavailability of the original card will determine whether the local agency credits the replacement fee back to the household's account. Reasons for replacing an EBT card include:

- Lost - The cardholder loses or misplaces the card.
- Stolen - The cardholder loses the card through violence exerted upon a household in an act of robbery or burglary committed by someone outside the household.
- Household Disaster - The cardholder loses or damages the card through a household fire or natural disaster, such as a flood or tornado.
- Card Damage (negligence) - The card is unusable because of the cardholder's neglect.
- Card Damage (improperly manufactured) - The card is unusable because of a manufacturing error.

3. EBT Card Replacement Fee

Each cardholder will receive written and verbal instruction on how to protect the EBT card. When an EBT card is or becomes unusable for any reason, the cardholder must obtain a replacement card to access the household's EBT account. The EBT card vendor will deduct \$2.00 from each food stamp case benefit account for replacement EBT cards in nearly every instance when a cardholder receives a replacement card.

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The automatic fee deduction will not occur when the original card has an inactive status or when a household reapplies for benefits. The chart below summarizes application of the card replacement fee.

No Fee	Fee Deducted	Fee Credited
Reapplication		x (if applied)
Inactive card, such as lost in the mail		x (if applied)
	Lost	
	Stolen/robbery	x (police report required)
	Household disaster	x (verify if questionable)
	Improperly manufactured	x
	Cardholder name change	x
	Card damaged/destroyed	
		x Agency-cause error, such as misspelled name

4. EBT Card Replacement Fee Credit

The EBT vendor will automatically deduct a \$2.00 fee from a household's food stamp EBT account in most instances when a cardholder requests a replacement card. There are instances however, when, despite proper care of the card by the cardholder, the household experiences loss or destruction of the EBT card. In these instances, the local agency must credit the \$2.00 replacement fee back to the household's account.

An eligibility or administrative unit supervisor must authorize the credit on the *Internal Action and Vault EBT Card Authorization* form. To secure sufficient information related to the loss or destruction of the card, the EW may require the household complete the *Non-Receipt Affidavit/EBT Card Replacement Request* form.

The local agency must credit the replacement fee when a household experiences an individual household disaster or there is a natural disaster. An EBT card destroyed by fire or a flood, tornado, hurricane or earthquake would allow the agency to credit the replacement fee back to the household. The agency must verify the impact of the disaster upon the household if the report is questionable otherwise; the household's statement is acceptable. The local agency must also credit the replacement fee when a cardholder loses the card through violence inflicted upon the household or cardholder by someone outside the household. The household must file

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a police report to document its claim. The agency must verify the existence of the police report if the information is questionable otherwise; the household's statement is acceptable.

In addition to crediting the replacement fee for instances of a household disaster or violence against the household, the local agency must credit the replacement fee if the agency discovers an improperly manufactured card after a cardholder receives the card. The agency must also credit the replacement fee if the vendor fails to identify a replacement card at reapplication or a replacement for an inactive card. The local agency may also credit the fee back to the household's account, if requested, when the household identifies another Case Name or authorized representative.

The chart above summarizes instances when the local agency must credit the card replacement fee to the household. As indicated above, an eligibility or administrative supervisor must authorize the credit. The Issuance Supervisor must provide the credit.

B. BENEFIT REPLACEMENT

Households will not receive a replacement for benefits lost due to loss of the EBT card and/or PIN up to the time that the cardholder reports the loss to CSR. Households will have benefits replaced if someone accesses the benefits after the household reported to CSR that the card was lost or stolen. Households will also receive replacement for benefits lost due to a system error.

C. REPLACEMENT OF FOOD DESTROYED IN A DISASTER

A household may request a replacement for food purchased with food stamp benefits and that was then subsequently destroyed in a household disaster. This policy will apply to an individual household disaster or a disaster that affects more than one household.

Normally, replacements would only be made to currently participating households, but this is not a requirement for a food replacement. The agency must use prudent judgement on a case-by-case basis when a nonparticipating household requests a food replacement.

The household may be entitled to a replacement of the actual value of the loss but the amount may not exceed the allotment for one month. The household must report the disaster within 10 days of the loss. A household member must sign the **Non-receipt Affidavit/EBT Replacement Request**

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attesting to the loss. If the local agency does not receive the affidavit within 10 days after the report of the loss, the household will not receive a replacement. If the 10th day falls on a weekend or holiday, and the affidavit is received the day after the weekend or holiday, the agency must consider the statement as received timely.

The agency must verify the household's disaster. Sources of verification include community agencies, such as the Red Cross or fire department or through a home visit.

The agency must provide replacement benefits within 10 days of the reported loss or within 2 working days of receiving the affidavit, whichever is later.

There is no limit on the number of times a household may receive replacement of food destroyed in a disaster. If USDA issues a disaster declaration and the household is eligible for emergency benefits under that policy, the household may not receive both the emergency benefits and a replacement for the same time period. **See Part XX for a discussion of the Disaster Food Stamp Program.**

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PART XXI REDUCTION, SUSPENSION, CANCELLATION OF FOOD STAMP BENEFITS

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A. GENERAL PURPOSE

This chapter provides guidelines local agencies must use if the USDA orders a reduction, suspension or cancellation of food stamp benefits. Depending upon the orders issued by USDA, there could be a suspension or cancellation of benefits for one or more months, a reduction for one or more months or a combination of these.

B. DEFINITIONS

1. Reduction - A reduction of food stamp benefits means that there will be a percentage reduction of the maximum **benefit** allotments. Local agencies will receive allotment tables that reflect the reduction as it applies to each household size at each income increment.
2. Cancellation - A cancellation of food stamp benefits means that there will be no benefits issued for a particular month or months.
3. Suspension - A suspension of food stamp benefits is basically the same as a cancellation except it should be more temporary. The net effect of a suspension may mean that eligible household would receive benefits a delayed basis.

C. REDUCTION

The Virginia Department of Social Services will notify local agencies if there must be a reduction of food stamp benefits. The notification will include the effective date of the reduction and the percentage.

When agencies receive the notice that a reduction must occur, local workers must act immediately to implement the order. **Modification of the statewide computer system must also occur so that households would receive the appropriate benefit amounts.**

Any household with one or two members whose reduced benefits would be less than \$10 would generally receive a minimum benefit of \$10. If there is a reduction rate of 90% or more for the affected month, one or two-person households would not receive the \$10 minimum. Benefit levels of \$1, \$3 and \$5 must be rounded up to \$2, \$4 and \$6 respectively.

D. SUSPENSION AND CANCELLATIONS

The Virginia Department of Social Services will notify local agencies if there must be a suspension or cancellation of food stamp benefits and the effective date of the suspension or cancellation.

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Households will not receive a minimum benefit if benefits are suspended or cancelled.

When agencies receive the notice that a suspension or cancellation must take place, local workers must act immediately to implement the order. Reprogramming for the statewide computer system must also occur timely to make necessary computer adjustments.

E. GENERAL OPERATING PROCEDURES

1. Notifying Eligible Households

A reduction, suspension or cancellation of benefits would be a mass change. Normal requirements applied to mass changes would be used:

- a. Notification of recipients through news media.
- b. Posters in certification offices.
- c. General explanatory notices mailed to participating households.

Local agencies may not use the Advance Notice of Proposed Action to notify households in the event of a reduction, suspension or cancellation.

2. Restoration of Benefits

Households receiving restored benefits or who are to receive retroactive benefits at the time of the order for reduction, suspension or cancellation of benefits, will not have these benefits affected during the month(s) the action is in effect.

Households who receive reduced or cancelled benefits because of these procedures are not entitled to restoration of benefits at a future date unless USDA orders the restoration.

3. Record Keeping

There must be a record of benefits that households receive during a month(s) when a reduction is in effect and the amount households would have received had full monthly benefits been distributed.

There must also be records kept to show the amount of benefits households would have received if there is a cancellation of benefits.

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4. Eligibility Determination

An order for a reduction, suspension or cancellation of benefits will not affect the determination of eligibility. Local agencies must accept and process applications within normal time frames. If however, an applicant is determined eligible and a reduction is in effect, that household must receive benefits according to the revised issuance tables that reflect the reduction.

If an applicant is eligible and a cancellation is in effect, the household will not receive any benefits.

5. Expedited Services

a. Households eligible for expedited processing who apply during month(s) when a reduction or suspension is in effect shall be processed according to expedited procedures.

- 1) If a reduction is in effect the allotment issued must reflect the reduction.
- 2) If a suspension is in effect at the time of certification, the eligible household will not receive any benefits until the suspension of benefits is no longer in effect.

b. Households eligible for expedited processing who apply during month(s) in which cancellations are in effect must have their cases processed either in **seven** calendar days or by the end of the month of application, whichever date is later.

6. Certification Periods

A reduction, suspension or cancellation will have no effect on the certification periods assigned to eligible households.

Normal recertification procedures will also apply during a reduction, suspension or cancellation of benefits.

7. Action To Be Taken When The Suspension or Cancellation Is Lifted

Local agencies will receive immediate notice that the suspension or cancellation of benefits is over. **Local agencies and the State Office must resume all actions to post full benefits to EBT accounts of certified households as soon as possible.**

8. Fair Hearings

Households may request a fair hearing if the household believes that the benefit level was computed incorrectly or that the rules were misapplied or misinterpreted for benefits that were reduced, suspended or cancelled by this policy. Under no circumstances do households have a right to continuation of benefits, even if they appeal in a timely manner.

If a hearing determines that a household received fewer benefits than it should have, the household may be entitled to restoration of lost benefits for the difference.

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PART XXIII

BENEFIT ALLOTMENTS

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A. CALCULATING BENEFIT ALLOTMENTS

The tables on the following pages show the appropriate benefits for household sizes 1 through 10.

For household sizes 1 and 2, \$10 is the minimum allotment for all eligible households, including PA categorically eligible households. The maximum monthly net income does not apply to categorically eligible households however.

For household sizes 3 through 10, the allotment tables are calculated from the maximum coupon allotment to the \$2 minimum allotment. NOTE: ONLY PA CATEGORICALLY ELIGIBLE HOUSEHOLDS ARE ELIGIBLE FOR ALLOTMENTS WHERE THE HOUSEHOLD'S NET INCOME EXCEEDS THE NET INCOME MAXIMUM. For example, for a 4-person household, the maximum net income is **\$1,509**. The allotment offered at that level of income is **\$12**. The rest of the allotment table, from the net income of **\$1,510** through **\$1,546** (the last income figure, for which an allotment is available,) applies to PA categorically eligible households only.

To calculate issuances to households of more than ten persons, use the following formula:

1. Maximum Benefit Allotment. If there are more than ten household members, add **\$105** to the monthly maximum benefit allotment.
2. Maximum Monthly Net Income. If there are more than ten household members, add **\$257** to the monthly maximum net income. NOTE: Maximum monthly net income limits do not apply to PA categorically eligible households.

There will be occasions when a household is entitled to an odd allotment of \$1, \$3, or \$5. This can occur when a supplement, replacement or restoration is given, or when an allotment reduction calculation results in entitlement to \$1, \$3, or \$5. Raise allotments of \$1, \$3 or \$5 to the next dollar amount, namely \$2, \$4 or \$6 respectively.

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BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
0	-	0	139	256	366	465	553	663	733	838	943	1048
1	-	3	138	255	365	464	552	662	732	837	942	1047
4	-	6	137	254	364	463	551	661	731	836	941	1046
7	-	10	136	253	363	462	550	660	730	835	940	1045
11	-	13	135	252	362	461	549	659	729	834	939	1044
14	-	16	134	251	361	460	548	658	728	833	938	1043
17	-	20	133	250	360	459	547	657	727	832	937	1042
21	-	23	132	249	359	458	546	656	726	831	936	1041
24	-	26	131	248	358	457	545	655	725	830	935	1040
27	-	30	130	247	357	456	544	654	724	829	934	1039
31	-	33	129	246	356	455	543	653	723	828	933	1038
34	-	36	128	245	355	454	542	652	722	827	932	1037
37	-	40	127	244	354	453	541	651	721	826	931	1036
41	-	43	126	243	353	452	540	650	720	825	930	1035
44	-	46	125	242	352	451	539	649	719	824	929	1034
47	-	50	124	241	351	450	538	648	718	823	928	1033
51	-	53	123	240	350	449	537	647	717	822	927	1032
54	-	56	122	239	349	448	536	646	716	821	926	1031
57	-	60	121	238	348	447	535	645	715	820	925	1030
61	-	63	120	237	347	446	534	644	714	819	924	1029
64	-	66	119	236	346	445	533	643	713	818	923	1028
67	-	70	118	235	345	444	532	642	712	817	922	1027
71	-	73	117	234	344	443	531	641	711	816	921	1026
74	-	76	116	233	343	442	530	640	710	815	920	1025
77	-	80	115	232	342	441	529	639	709	814	919	1024
81	-	83	114	231	341	440	528	638	708	813	918	1023
84	-	86	113	230	340	439	527	637	707	812	917	1022
87	-	90	112	229	339	438	526	636	706	811	916	1021
91	-	93	111	228	338	437	525	635	705	810	915	1020
94	-	96	110	227	337	436	524	634	704	809	914	1019
97	-	100	109	226	336	435	523	633	703	808	913	1018
101	-	103	108	225	335	434	522	632	702	807	912	1017
104	-	106	107	224	334	433	521	631	701	806	911	1016
107	-	110	106	223	333	432	520	630	700	805	910	1015
111	-	113	105	222	332	431	519	629	699	804	909	1014

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
114	-	116	104	221	331	430	518	628	698	803	908	1013
117	-	120	103	220	330	429	517	627	697	802	907	1012
121	-	123	102	219	329	428	516	626	696	801	906	1011
124	-	126	101	218	328	427	515	625	695	800	905	1010
127	-	130	100	217	327	426	514	624	694	799	904	1009
131	-	133	99	216	326	425	513	623	693	798	903	1008
134	-	136	98	215	325	424	512	622	692	797	902	1007
137	-	140	97	214	324	423	511	621	691	796	901	1006
141	-	143	96	213	323	422	510	620	690	795	900	1005
144	-	146	95	212	322	421	509	619	689	794	899	1004
147	-	150	94	211	321	420	508	618	688	793	898	1003
151	-	153	93	210	320	419	507	617	687	792	897	1002
154	-	156	92	209	319	418	506	616	686	791	896	1001
157	-	160	91	208	318	417	505	615	685	790	895	1000
161	-	163	90	207	317	416	504	614	684	789	894	999
164	-	166	89	206	316	415	503	613	683	788	893	998
167	-	170	88	205	315	414	502	612	682	787	892	997
171	-	173	87	204	314	413	501	611	681	786	891	996
174	-	176	86	203	313	412	500	610	680	785	890	995
177	-	180	85	202	312	411	499	609	679	784	889	994
181	-	183	84	201	311	410	498	608	678	783	888	993
184	-	186	83	200	310	409	497	607	677	782	887	992
187	-	190	82	199	309	408	496	606	676	781	886	991
191	-	193	81	198	308	407	495	605	675	780	885	990
194	-	196	80	197	307	406	494	604	674	779	884	989
197	-	200	79	196	306	405	493	603	673	778	883	988
201	-	203	78	195	305	404	492	602	672	777	882	987
204	-	206	77	194	304	403	491	601	671	776	881	986
207	-	210	76	193	303	402	490	600	670	775	880	985
211	-	213	75	192	302	401	489	599	669	774	879	984
214	-	216	74	191	301	400	488	598	668	773	878	983
217	-	220	73	190	300	399	487	597	667	772	877	982
221	-	223	72	189	299	398	486	596	666	771	876	981
224	-	226	71	188	298	397	485	595	665	770	875	980
227	-	230	70	187	297	396	484	594	664	769	874	979

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
231	-	233	69	186	296	395	483	593	663	768	873	978
234	-	236	68	185	295	394	482	592	662	767	872	977
237	-	240	67	184	294	393	481	591	661	766	871	976
241	-	243	66	183	293	392	480	590	660	765	870	975
244	-	246	65	182	292	391	479	589	659	764	869	974
247	-	250	64	181	291	390	478	588	658	763	868	973
251	-	253	63	180	290	389	477	587	657	762	867	972
254	-	256	62	179	289	388	476	586	656	761	866	971
257	-	260	61	178	288	387	475	585	655	760	865	970
261	-	263	60	177	287	386	474	584	654	759	864	969
264	-	266	59	176	286	385	473	583	653	758	863	968
267	-	270	58	175	285	384	472	582	652	757	862	967
271	-	273	57	174	284	383	471	581	651	756	861	966
274	-	276	56	173	283	382	470	580	650	755	860	965
277	-	280	55	172	282	381	469	579	649	754	859	964
281	-	283	54	171	281	380	468	578	648	753	858	963
284	-	286	53	170	280	379	467	577	647	752	857	962
287	-	290	52	169	279	378	466	576	646	751	856	961
291	-	293	51	168	278	377	465	575	645	750	855	960
294	-	296	50	167	277	376	464	574	644	749	854	959
297	-	300	49	166	276	375	463	573	643	748	853	958
301	-	303	48	165	275	374	462	572	642	747	852	957
304	-	306	47	164	274	373	461	571	641	746	851	956
307	-	310	46	163	273	372	460	570	640	745	850	955
311	-	313	45	162	272	371	459	569	639	744	849	954
314	-	316	44	161	271	370	458	568	638	743	848	953
317	-	320	43	160	270	369	457	567	637	742	847	952
321	-	323	42	159	269	368	456	566	636	741	846	951
324	-	326	41	158	268	367	455	565	635	740	845	950
327	-	330	40	157	267	366	454	564	634	739	844	949
331	-	333	39	156	266	365	453	563	633	738	843	948
334	-	336	38	155	265	364	452	562	632	737	842	947
337	-	340	37	154	264	363	451	561	631	736	841	946
341	-	343	36	153	263	362	450	560	630	735	840	945
344	-	346	35	152	262	361	449	559	629	734	839	944

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
347	-	350	34	151	261	360	448	558	628	733	838	943
351	-	353	33	150	260	359	447	557	627	732	837	942
354	-	356	32	149	259	358	446	556	626	731	836	941
357	-	360	31	148	258	357	445	555	625	730	835	940
361	-	363	30	147	257	356	444	554	624	729	834	939
364	-	366	29	146	256	355	443	553	623	728	833	938
367	-	370	28	145	255	354	442	552	622	727	832	937
371	-	373	27	144	254	353	441	551	621	726	831	936
374	-	376	26	143	253	352	440	550	620	725	830	935
377	-	380	25	142	252	351	439	549	619	724	829	934
381	-	383	24	141	251	350	438	548	618	723	828	933
384	-	386	23	140	250	349	437	547	617	722	827	932
387	-	390	22	139	249	348	436	546	616	721	826	931
391	-	393	21	138	248	347	435	545	615	720	825	930
394	-	396	20	137	247	346	434	544	614	719	824	929
397	-	400	19	136	246	345	433	543	613	718	823	928
401	-	403	18	135	245	344	432	542	612	717	822	927
404	-	406	17	134	244	343	431	541	611	716	821	926
407	-	410	16	133	243	342	430	540	610	715	820	925
411	-	413	15	132	242	341	429	539	609	714	819	924
414	-	416	14	131	241	340	428	538	608	713	818	923
417	-	420	13	130	240	339	427	537	607	712	817	922
421	-	423	12	129	239	338	426	536	606	711	816	921
424	-	426	11	128	238	337	425	535	605	710	815	920
427	-	430	10	127	237	336	424	534	604	709	814	919
431	-	433	10	126	236	335	423	533	603	708	813	918
434	-	436	10	125	235	334	422	532	602	707	812	917
437	-	440	10	124	234	333	421	531	601	706	811	916
441	-	443	10	123	233	332	420	530	600	705	810	915
444	-	446	10	122	232	331	419	529	599	704	809	914
447	-	450	10	121	231	330	418	528	598	703	808	913
451	-	453	10	120	230	329	417	527	597	702	807	912
454	-	456	10	119	229	328	416	526	596	701	806	911
457	-	460	10	118	228	327	415	525	595	700	805	910
461	-	463	10	117	227	326	414	524	594	699	804	909

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
464	-	466	10	116	226	325	413	523	593	698	803	908
467	-	470	10	115	225	324	412	522	592	697	802	907
471	-	473	10	114	224	323	411	521	591	696	801	906
474	-	476	10	113	223	322	410	520	590	695	800	905
477	-	480	10	112	222	321	409	519	589	694	799	904
481	-	483	10	111	221	320	408	518	588	693	798	903
484	-	486	10	110	220	319	407	517	587	692	797	902
487	-	490	10	109	219	318	406	516	586	691	796	901
491	-	493	10	108	218	317	405	515	585	690	795	900
494	-	496	10	107	217	316	404	514	584	689	794	899
497	-	500	10	106	216	315	403	513	583	688	793	898
501	-	503	10	105	215	314	402	512	582	687	792	897
504	-	506	10	104	214	313	401	511	581	686	791	896
507	-	510	10	103	213	312	400	510	580	685	790	895
511	-	513	10	102	212	311	399	509	579	684	789	894
514	-	516	10	101	211	310	398	508	578	683	788	893
517	-	520	10	100	210	309	397	507	577	682	787	892
521	-	523	10	99	209	308	396	506	576	681	786	891
524	-	526	10	98	208	307	395	505	575	680	785	890
527	-	530	10	97	207	306	394	504	574	679	784	889
531	-	533	10	96	206	305	393	503	573	678	783	888
534	-	536	10	95	205	304	392	502	572	677	782	887
537	-	540	10	94	204	303	391	501	571	676	781	886
541	-	543	10	93	203	302	390	500	570	675	780	885
544	-	546	10	92	202	301	389	499	569	674	779	884
547	-	550	10	91	201	300	388	498	568	673	778	883
551	-	553	10	90	200	299	387	497	567	672	777	882
554	-	556	10	89	199	298	386	496	566	671	776	881
557	-	560	10	88	198	297	385	495	565	670	775	880
561	-	563	10	87	197	296	384	494	564	669	774	879
564	-	566	10	86	196	295	383	493	563	668	773	878
567	-	570	10	85	195	294	382	492	562	667	772	877
571	-	573	10	84	194	293	381	491	561	666	771	876
574	-	576	10	83	193	292	380	490	560	665	770	875
577	-	580	10	82	192	291	379	489	559	664	769	874

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
581	-	583	10	81	191	290	378	488	558	663	768	873
584	-	586	10	80	190	289	377	487	557	662	767	872
587	-	590	10	79	189	288	376	486	556	661	766	871
591	-	593	10	78	188	287	375	485	555	660	765	870
594	-	596	10	77	187	286	374	484	554	659	764	869
597	-	600	10	76	186	285	373	483	553	658	763	868
601	-	603	10	75	185	284	372	482	552	657	762	867
604	-	606	10	74	184	283	371	481	551	656	761	866
607	-	610	10	73	183	282	370	480	550	655	760	865
611	-	613	10	72	182	281	369	479	549	654	759	864
614	-	616	10	71	181	280	368	478	548	653	758	863
617	-	620	10	70	180	279	367	477	547	652	757	862
621	-	623	10	69	179	278	366	476	546	651	756	861
624	-	626	10	68	178	277	365	475	545	650	755	860
627	-	630	10	67	177	276	364	474	544	649	754	859
631	-	633	10	66	176	275	363	473	543	648	753	858
634	-	636	10	65	175	274	362	472	542	647	752	857
637	-	640	10	64	174	273	361	471	541	646	751	856
641	-	643	10	63	173	272	360	470	540	645	750	855
644	-	646	10	62	172	271	359	469	539	644	749	854
647	-	650	10	61	171	270	358	468	538	643	748	853
651	-	653	10	60	170	269	357	467	537	642	747	852
654	-	656	10	59	169	268	356	466	536	641	746	851
657	-	660	10	58	168	267	355	465	535	640	745	850
661	-	663	10	57	167	266	354	464	534	639	744	849
664	-	666	10	56	166	265	353	463	533	638	743	848
667	-	670	10	55	165	264	352	462	532	637	742	847
671	-	673	10	54	164	263	351	461	531	636	741	846
674	-	676	10	53	163	262	350	460	530	635	740	845
677	-	680	10	52	162	261	349	459	529	634	739	844
681	-	683	10	51	161	260	348	458	528	633	738	843
684	-	686	10	50	160	259	347	457	527	632	737	842
687	-	690	10	49	159	258	346	456	526	631	736	841
691	-	693	10	48	158	257	345	455	525	630	735	840
694	-	696	10	47	157	256	344	454	524	629	734	839

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
697	-	700	10	46	156	255	343	453	523	628	733	838
701	-	703	10	45	155	254	342	452	522	627	732	837
704	-	706	10	44	154	253	341	451	521	626	731	836
707	-	710	10	43	153	252	340	450	520	625	730	835
711	-	713	10	42	152	251	339	449	519	624	729	834
714	-	716	10	41	151	250	338	448	518	623	728	833
717	-	720	10	40	150	249	337	447	517	622	727	832
721	-	723	10	39	149	248	336	446	516	621	726	831
724	-	726	10	38	148	247	335	445	515	620	725	830
727	-	730	10	37	147	246	334	444	514	619	724	829
731	-	733	10	36	146	245	333	443	513	618	723	828
734	-	736	10	35	145	244	332	442	512	617	722	827
737	-	740*	10*	34	144	243	331	441	511	616	721	826
741	-	743	10	33	143	242	330	440	510	615	720	825
744	-	746	10	32	142	241	329	439	509	614	719	824
747	-	750	10	31	141	240	328	438	508	613	718	823
751	-	753	10	30	140	239	327	437	507	612	717	822
754	-	756	10	29	139	238	326	436	506	611	716	821
757	-	760	10	28	138	237	325	435	505	610	715	820
761	-	763	10	27	137	236	324	434	504	609	714	819
764	-	766	10	26	136	235	323	433	503	608	713	818
767	-	770	10	25	135	234	322	432	502	607	712	817
771	-	773	10	24	134	233	321	431	501	606	711	816
774	-	776	10	23	133	232	320	430	500	605	710	815
777	-	780	10	22	132	231	319	429	499	604	709	814
781	-	783	10	21	131	230	318	428	498	603	708	813
784	-	786	10	20	130	229	317	427	497	602	707	812
787	-	790	10	19	129	228	316	426	496	601	706	811
791	-	793	10	18	128	227	315	425	495	600	705	810
794	-	796	10	17	127	226	314	424	494	599	704	809
797	-	800	10	16	126	225	313	423	493	598	703	808
801	-	803	10	15	125	224	312	422	492	597	702	807
804	-	806	10	14	124	223	311	421	491	596	701	806
807	-	810	10	13	123	222	310	420	490	595	700	805
811	-	813	10	12	122	221	309	419	489	594	699	804

*Net Income Limit \$739

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
814	-	816	10	11	121	220	308	418	488	593	698	803
817	-	820	10	10	120	219	307	417	487	592	697	802
821	-	823	10	10	119	218	306	416	486	591	696	801
824	-	826	10	10	118	217	305	415	485	590	695	800
827	-	830	10	10	117	216	304	414	484	589	694	799
831	-	833	10	10	116	215	303	413	483	588	693	798
834	-	836	10	10	115	214	302	412	482	587	692	797
837	-	840	10	10	114	213	301	411	481	586	691	796
841	-	843	10	10	113	212	300	410	480	585	690	795
844	-	846	10	10	112	211	299	409	479	584	689	794
847	-	850	10	10	111	210	298	408	478	583	688	793
851	-	853	10	10	110	209	297	407	477	582	687	792
854	-	856	10	10	109	208	296	406	476	581	686	791
857	-	860	10	10	108	207	295	405	475	580	685	790
861	-	863	10	10	107	206	294	404	474	579	684	789
864	-	866	10	10	106	205	293	403	473	578	683	788
867	-	870	10	10	105	204	292	402	472	577	682	787
871	-	873	10	10	104	203	291	401	471	576	681	786
874	-	876	10	10	103	202	290	400	470	575	680	785
877	-	880	10	10	102	201	289	399	469	574	679	784
881	-	883	10	10	101	200	288	398	468	573	678	783
884	-	886	10	10	100	199	287	397	467	572	677	782
887	-	890	10	10	99	198	286	396	466	571	676	781
891	-	893	10	10	98	197	285	395	465	570	675	780
894	-	896	10	10	97	196	284	394	464	569	674	779
897	-	900	10	10	96	195	283	393	463	568	673	778
901	-	903	10	10	95	194	282	392	462	567	672	777
904	-	906	10	10	94	193	281	391	461	566	671	776
907	-	910	10	10	93	192	280	390	460	565	670	775
911	-	913	10	10	92	191	279	389	459	564	669	774
914	-	916	10	10	91	190	278	388	458	563	668	773
917	-	920	10	10	90	189	277	387	457	562	667	772
921	-	923	10	10	89	188	276	386	456	561	666	771
924	-	926	10	10	88	187	275	385	455	560	665	770
927	-	930	10	10	87	186	274	384	454	559	664	769

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
931	-	933	10	10	86	185	273	383	453	558	663	768
934	-	936	10	10	85	184	272	382	452	557	662	767
937	-	940	10	10	84	183	271	381	451	556	661	766
941	-	943	10	10	83	182	270	380	450	555	660	765
944	-	946	10	10	82	181	269	379	449	554	659	764
947	-	950	10	10	81	180	268	378	448	553	658	763
951	-	953	10	10	80	179	267	377	447	552	657	762
954	-	956	10	10	79	178	266	376	446	551	656	761
957	-	960	10	10	78	177	265	375	445	550	655	760
961	-	963	10	10	77	176	264	374	444	549	654	759
964	-	966	10	10	76	175	263	373	443	548	653	758
967	-	970	10	10	75	174	262	372	442	547	652	757
971	-	973	10	10	74	173	261	371	441	546	651	756
974	-	976	10	10	73	172	260	370	440	545	650	755
977	-	980	10	10	72	171	259	369	439	544	649	754
981	-	983	10	10	71	170	258	368	438	543	648	753
984	-	986	10	10	70	169	257	367	437	542	647	752
987	-	990	10	10	69	168	256	366	436	541	646	751
991	-	993	10	10	68	167	255	365	435	540	645	750
994	-	996*	10	10*	67	166	254	364	434	539	644	749
997	-	1000	10	10	66	165	253	363	433	538	643	748
1001	-	1003	10	10	65	164	252	362	432	537	642	747
1004	-	1006	10	10	64	163	251	361	431	536	641	746
1007	-	1010	10	10	63	162	250	360	430	535	640	745
1011	-	1013	10	10	62	161	249	359	429	534	639	744
1014	-	1016	10	10	61	160	248	358	428	533	638	743
1017	-	1020	10	10	60	159	247	357	427	532	637	742
1021	-	1023	10	10	59	158	246	356	426	531	636	741
1024	-	1026	10	10	58	157	245	355	425	530	635	740
1027	-	1030	10	10	57	156	244	354	424	529	634	739
1031	-	1033	10	10	56	155	243	353	423	528	633	738
1034	-	1036	10	10	55	154	242	352	422	527	632	737
1037	-	1040	10	10	54	153	241	351	421	526	631	736
1041	-	1043	10	10	53	152	240	350	420	525	630	735
1044	-	1046	10	10	52	151	239	349	419	524	629	734

*Net Income Limit

\$995

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1047	-	1050	10	10	51	150	238	348	418	523	628	733
1051	-	1053	10	10	50	149	237	347	417	522	627	732
1054	-	1056	10	10	49	148	236	346	416	521	626	731
1057	-	1060	10	10	48	147	235	345	415	520	625	730
1061	-	1063	10	10	47	146	234	344	414	519	624	729
1064	-	1066	10	10	46	145	233	343	413	518	623	728
1067	-	1070	10	10	45	144	232	342	412	517	622	727
1071	-	1073	10	10	44	143	231	341	411	516	621	726
1074	-	1076	10	10	43	142	230	340	410	515	620	725
1077	-	1080	10	10	42	141	229	339	409	514	619	724
1081	-	1083	10	10	41	140	228	338	408	513	618	723
1084	-	1086	10	10	40	139	227	337	407	512	617	722
1087	-	1090	10	10	39	138	226	336	406	511	616	721
1091	-	1093	10	10	38	137	225	335	405	510	615	720
1094	-	1096	10	10	37	136	224	334	404	509	614	719
1097	-	1100	10	10	36	135	223	333	403	508	613	718
1101	-	1103	10	10	35	134	222	332	402	507	612	717
1104	-	1106	10	10	34	133	221	331	401	506	611	716
1107	-	1110	10	10	33	132	220	330	400	505	610	715
1111	-	1113	10	10	32	131	219	329	399	504	609	714
1114	-	1116	10	10	31	130	218	328	398	503	608	713
1117	-	1120	10	10	30	129	217	327	397	502	607	712
1121	-	1123	10	10	29	128	216	326	396	501	606	711
1124	-	1126	10	10	28	127	215	325	395	500	605	710
1127	-	1130	10	10	27	126	214	324	394	499	604	709
1131	-	1133	10	10	26	125	213	323	393	498	603	708
1134	-	1136	10	10	25	124	212	322	392	497	602	707
1137	-	1140	10	10	24	123	211	321	391	496	601	706
1141	-	1143	10	10	23	122	210	320	390	495	600	705
1144	-	1146	10	10	22	121	209	319	389	494	599	704
1147	-	1150	10	10	21	120	208	318	388	493	598	703
1151	-	1153	10	10	20	119	207	317	387	492	597	702
1154	-	1156	10	10	19	118	206	316	386	491	596	701
1157	-	1160	10	10	18	117	205	315	385	490	595	700
1161	-	1163	10	10	17	116	204	314	384	489	594	699

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1164	-	1166	10	10	16	115	203	313	383	488	593	698
1167	-	1170	10	10	15	114	202	312	382	487	592	697
1171	-	1173	10	10	14	113	201	311	381	486	591	696
1174	-	1176	10	10	13	112	200	310	380	485	590	695
1177	-	1180	10	10	12	111	199	309	379	484	589	694
1181	-	1183	10	10	11	110	198	308	378	483	588	693
1184	-	1186	10	10	10	109	197	307	377	482	587	692
1187	-	1190	10	10	9	108	196	306	376	481	586	691
1191	-	1193	10	10	8	107	195	305	375	480	585	690
1194	-	1196	10	10	7	106	194	304	374	479	584	689
1197	-	1200	10	10	6	105	193	303	373	478	583	688
1201	-	1203	10	10	6	104	192	302	372	477	582	687
1204	-	1206	10	10	4	103	191	301	371	476	581	686
1207	-	1210	10	10	4	102	190	300	370	475	580	685
1211	-	1213	10	10	2	101	189	299	369	474	579	684
1214	-	1216	10	10	2	100	188	298	368	473	578	683
1217	-	1220	10	10		99	187	297	367	472	577	682
1221	-	1223		10		98	186	296	366	471	576	681
1224	-	1226		10		97	185	295	365	470	575	680
1227	-	1230		10		96	184	294	364	469	574	679
1231	-	1233		10		95	183	293	363	468	573	678
1234	-	1236		10		94	182	292	362	467	572	677
1237	-	1240		10		93	181	291	361	466	571	676
1241	-	1243		10		92	180	290	360	465	570	675
1244	-	1246		10		91	179	289	359	464	569	674
1247	-	1250		10		90	178	288	358	463	568	673
1251	-	1253*		10	*	89	177	287	357	462	567	672
1254	-	1256		10		88	176	286	356	461	566	671
1257	-	1260		10		87	175	285	355	460	565	670
1261	-	1263		10		86	174	284	354	459	564	669
1264	-	1266		10		85	173	283	353	458	563	668
1267	-	1270		10		84	172	282	352	457	562	667
1271	-	1273		10		83	171	281	351	456	561	666
1274	-	1276		10		82	170	280	350	455	560	665
1277	-	1280		10		81	169	279	349	454	559	664

*Net Income Limit

\$1,252

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1281	-	1283		10		80	168	278	348	453	558	663
1284	-	1286		10		79	167	277	347	452	557	662
1287	-	1290		10		78	166	276	346	451	556	661
1291	-	1293		10		77	165	275	345	450	555	660
1294	-	1296		10		76	164	274	344	449	554	659
1297	-	1300		10		75	163	273	343	448	553	658
1301	-	1303		10		74	162	272	342	447	552	657
1304	-	1306		10		73	161	271	341	446	551	656
1307	-	1310		10		72	160	270	340	445	550	655
1311	-	1313		10		71	159	269	339	444	549	654
1314	-	1316		10		70	158	268	338	443	548	653
1317	-	1320		10		69	157	267	337	442	547	652
1321	-	1323		10		68	156	266	336	441	546	651
1324	-	1326		10		67	155	265	335	440	545	650
1327	-	1330		10		66	154	264	334	439	544	649
1331	-	1333		10		65	153	263	333	438	543	648
1334	-	1336		10		64	152	262	332	437	542	647
1337	-	1340		10		63	151	261	331	436	541	646
1341	-	1343		10		62	150	260	330	435	540	645
1344	-	1346		10		61	149	259	329	434	539	644
1347	-	1350		10		60	148	258	328	433	538	643
1351	-	1353		10		59	147	257	327	432	537	642
1354	-	1356		10		58	146	256	326	431	536	641
1357	-	1360		10		57	145	255	325	430	535	640
1361	-	1363		10		56	144	254	324	429	534	639
1364	-	1366		10		55	143	253	323	428	533	638
1367	-	1370		10		54	142	252	322	427	532	637
1371	-	1373		10		53	141	251	321	426	531	636
1374	-	1376		10		52	140	250	320	425	530	635
1377	-	1380		10		51	139	249	319	424	529	634
1381	-	1383		10		50	138	248	318	423	528	633
1384	-	1386		10		49	137	247	317	422	527	632
1387	-	1390		10		48	136	246	316	421	526	631
1391	-	1393		10		47	135	245	315	420	525	630
1394	-	1396		10		46	134	244	314	419	524	629

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1397	-	1400		10		45	133	243	313	418	523	628
1400	-	1403		10		44	132	242	312	417	522	627
1404	-	1406		10		43	131	241	311	416	521	626
1407	-	1410		10		42	130	240	310	415	520	625
1411	-	1413		10		41	129	239	309	414	519	624
1414	-	1416		10		40	128	238	308	413	518	623
1417	-	1420		10		39	127	237	307	412	517	622
1421	-	1423		10		38	126	236	306	411	516	621
1424	-	1426		10		37	125	235	305	410	515	620
1427	-	1430		10		36	124	234	304	409	514	619
1431	-	1433		10		35	123	233	303	408	513	618
1434	-	1436		10		34	122	232	302	407	512	617
1437	-	1440		10		33	121	231	301	406	511	616
1441	-	1443		10		32	120	230	300	405	510	615
1444	-	1446		10		31	119	229	299	404	509	614
1447	-	1450		10		30	118	228	298	403	508	613
1451	-	1453		10		29	117	227	297	402	507	612
1454	-	1456		10		28	116	226	296	401	506	611
1457	-	1460		10		27	115	225	295	400	505	610
1461	-	1463		10		26	114	224	294	399	504	609
1464	-	1466		10		25	113	223	293	398	503	608
1467	-	1470		10		24	112	222	292	397	502	607
1471	-	1473		10		23	111	221	291	396	501	606
1474	-	1476		10		22	110	220	290	395	500	605
1477	-	1480		10		21	109	219	289	394	499	604
1481	-	1483		10		20	108	218	288	393	498	603
1484	-	1486		10		19	107	217	287	392	497	602
1487	-	1490		10		18	106	216	286	391	496	601
1491	-	1493		10		17	105	215	285	390	495	600
1494	-	1496		10		16	104	214	284	389	494	599
1497	-	1500		10		15	103	213	283	388	493	598
1501	-	1503		10		14	102	212	282	387	492	597
1504	-	1506		10		13	101	211	281	386	491	596
1507	-	1510*		10		12*	100	210	280	385	490	595
1511	-	1513		10		11	99	209	279	384	489	594

*Net Income Limit

\$1,509

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1514	-	1516		10		10	98	208	278	383	488	593
1517	-	1520		10		9	97	207	277	382	487	592
1521	-	1523		10		8	96	206	276	381	486	591
1524	-	1526		10		7	95	205	275	380	485	590
1527	-	1530		10		6	94	204	274	379	484	589
1531	-	1533		10		6	93	203	273	378	483	588
1534	-	1536		10		4	92	202	272	377	482	587
1537	-	1540		10		4	91	201	271	376	481	586
1541	-	1543		10		2	90	200	270	375	480	585
1544	-	1546		10		2	89	199	269	374	479	584
1547	-	1550		10			88	198	268	373	478	583
1551	-	1553		10			87	197	267	372	477	582
1554	-	1556		10			86	196	266	371	476	581
1557	-	1560		10			85	195	265	370	475	580
1561	-	1563		10			84	194	264	369	474	579
1564	-	1566		10			83	193	263	368	473	578
1567	-	1570		10			82	192	262	367	472	577
1571	-	1573		10			81	191	261	366	471	576
1574	-	1576		10			80	190	260	365	470	575
1577	-	1580		10			79	189	259	364	469	574
1581	-	1583		10			78	188	258	363	468	573
1584	-	1586		10			77	187	257	362	467	572
1587	-	1590		10			76	186	256	361	466	571
1591	-	1593		10			75	185	255	360	465	570
1594	-	1596		10			74	184	254	359	464	569
1597	-	1600		10			73	183	253	358	463	568
1601	-	1603		10			72	182	252	357	462	567
1604	-	1606		10			71	181	251	356	461	566
1607	-	1610		10			70	180	250	355	460	565
1611	-	1613		10			69	179	249	354	459	564
1614	-	1616		10			68	178	248	353	458	563
1617	-	1620		10			67	177	247	352	457	562
1621	-	1623		10			66	176	246	351	456	561
1624	-	1626		10			65	175	245	350	455	560
1627	-	1630		10			64	174	244	349	454	559

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1631	-	1633		10			63	173	243	348	453	558
1634	-	1636		10			62	172	242	347	452	557
1637	-	1640		10			61	171	241	346	451	556
1641	-	1643		10			60	170	240	345	450	555
1644	-	1646					59	169	239	344	449	554
1647	-	1650					58	168	238	343	448	553
1651	-	1653					57	167	237	342	447	552
1654	-	1656					56	166	236	341	446	551
1657	-	1660					55	165	235	340	445	550
1661	-	1663					54	164	234	339	444	549
1664	-	1666					53	163	233	338	443	548
1667	-	1670					52	162	232	337	442	547
1671	-	1673					51	161	231	336	441	546
1674	-	1676					50	160	230	335	440	545
1677	-	1680					49	159	229	334	439	544
1681	-	1683					48	158	228	333	438	543
1684	-	1686					47	157	227	332	437	542
1687	-	1690					46	156	226	331	436	541
1691	-	1693					45	155	225	330	435	540
1694	-	1696					44	154	224	329	434	539
1697	-	1700					43	153	223	328	433	538
1701	-	1703					42	152	222	327	432	537
1704	-	1706					41	151	221	326	431	536
1707	-	1710					40	150	220	325	430	535
1711	-	1713					39	149	219	324	429	534
1714	-	1716					38	148	218	323	428	533
1717	-	1720					37	147	217	322	427	532
1721	-	1723					36	146	216	321	426	531
1724	-	1726					35	145	215	320	425	530
1727	-	1730					34	144	214	319	424	529
1731	-	1733					33	143	213	318	423	528
1734	-	1736					32	142	212	317	422	527
1737	-	1740					31	141	211	316	421	526
1741	-	1743					30	140	210	315	420	525
1744	-	1746					29	139	209	314	419	524

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1747	-	1750					28	138	208	313	418	523
1751	-	1753					27	137	207	312	417	522
1754	-	1756					26	136	206	311	416	521
1757	-	1760					25	135	205	310	415	520
1761	-	1763					24	134	204	309	414	519
1764	-	1765*					23*	133	203	308	413	518
1767	-	1770					22	132	202	307	412	517
1771	-	1773					21	131	201	306	411	516
1774	-	1776					20	130	200	305	410	515
1777	-	1780					19	129	199	304	409	514
1781	-	1783					18	128	198	303	408	513
1784	-	1786					17	127	197	302	407	512
1787	-	1790					16	126	196	301	406	511
1791	-	1793					15	125	195	300	405	510
1794	-	1796					14	124	194	299	404	509
1797	-	1800					13	123	193	298	403	508
1801	-	1803					12	122	192	297	402	507
1804	-	1806					11	121	191	296	401	506
1807	-	1810					10	120	190	295	400	505
1811	-	1813					9	119	189	294	399	504
1814	-	1816					8	118	188	293	398	503
1817	-	1820					7	117	187	292	397	502
1821	-	1823					6	116	186	291	396	501
1824	-	1826					6	115	185	290	395	500
1827	-	1830					4	114	184	289	394	499
1831	-	1833					4	113	183	288	393	498
1834	-	1836					2	112	182	287	392	497
1837	-	1840					2	111	181	286	391	496
1841	-	1843						110	180	285	390	495
1844	-	1846						109	179	284	389	494
1847	-	1850						108	178	283	388	493
1851	-	1853						107	177	282	387	492
1854	-	1856						106	176	281	386	491
1857	-	1860						105	175	280	385	490
1861	-	1863						104	174	279	384	489

*Net Income Limit

\$1,765

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1864	-	1866						103	173	278	383	488
1867	-	1870						102	172	277	382	487
1871	-	1873						101	171	276	381	486
1874	-	1876						100	170	275	380	485
1877	-	1880						99	169	274	379	484
1881	-	1883						98	168	273	378	483
1884	-	1886						97	167	272	377	482
1887	-	1890						96	166	271	376	481
1891	-	1893						95	165	270	375	480
1894	-	1896						94	164	269	374	479
1897	-	1900						93	163	268	373	478
1901	-	1903						92	162	267	372	477
1904	-	1906						91	161	266	371	476
1907	-	1910						90	160	265	370	475
1911	-	1913						89	159	264	369	474
1914	-	1916						88	158	263	368	473
1917	-	1920						87	157	262	367	472
1921	-	1923						86	156	261	366	471
1924	-	1926						85	155	260	365	470
1927	-	1930						84	154	259	364	469
1931	-	1933						83	153	258	363	468
1934	-	1936						82	152	257	362	467
1937	-	1940						81	151	256	361	466
1941	-	1943						80	150	255	360	465
1944	-	1946						79	149	254	359	464
1947	-	1950						78	148	253	358	463
1951	-	1953						77	147	252	357	462
1954	-	1956						76	146	251	356	461
1957	-	1960						75	145	250	355	460
1961	-	1963						74	144	249	354	459
1964	-	1966						73	143	248	353	458
1967	-	1970						72	142	247	352	457
1971	-	1973						71	141	246	351	456
1974	-	1976						70	140	245	350	455
1977	-	1980						69	139	244	349	454

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1981	-	1983						68	138	243	348	453
1984	-	1986						67	137	242	347	452
1987	-	1990						66	136	241	346	451
1991	-	1993						65	135	240	345	450
1994	-	1996						64	134	239	344	449
1997	-	2000						63	133	238	343	448
2001	-	2003						62	132	237	342	447
2004	-	2006						61	131	236	341	446
2007	-	2010						60	130	235	340	445
2011	-	2013						59	129	234	339	444
2014	-	2016						58	128	233	338	443
2017	-	2020						57	127	232	337	442
2021	-	2023						56*	126	231	336	441
2024	-	2026						55	125	230	335	440
2027	-	2030						54	124	229	334	439
2031	-	2033						53	123	228	333	438
2034	-	2036						52	122	227	332	437
2037	-	2040						51	121	226	331	436
2041	-	2043						50	120	225	330	435
2044	-	2046						49	119	224	329	434
2047	-	2050						48	118	223	328	433
2051	-	2053						47	117	222	327	432
2054	-	2056						46	116	221	326	431
2057	-	2060						45	115	220	325	430
2061	-	2063						44	114	219	324	429
2064	-	2066						43	113	218	323	428
2067	-	2070						42	112	217	322	427
2071	-	2073						41	111	216	321	426
2074	-	2076						40	110	215	320	425
2077	-	2080						39	109	214	319	424
2081	-	2083						38	108	213	318	423
2084	-	2086						37	107	212	317	422
2087	-	2090						36	106	211	316	421
2091	-	2093						35	105	210	315	420
2094	-	2096						34	104	209	314	419
Net Income Limit								\$2,022				

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2097	-	2100						33	103	208	313	418
2101	-	2103						32	102	207	312	417
2104	-	2106						31	101	206	311	416
2107	-	2110						30	100	205	310	415
2111	-	2113						29	99	204	309	414
2114	-	2116						28	98	203	308	413
2117	-	2120						27	97	202	307	412
2121	-	2123						26	96	201	306	411
2124	-	2126						25	95	200	305	410
2127	-	2130						24	94	199	304	409
2131	-	2133						23	93	198	303	408
2134	-	2136						22	92	197	302	407
2137	-	2140						21	91	196	301	406
2141	-	2143						20	90	195	300	405
2144	-	2146						19	89	194	299	404
2147	-	2150						18	88	193	298	403
2151	-	2153						17	87	192	297	402
2154	-	2156						16	86	191	296	401
2157	-	2160						15	85	190	295	400
2161	-	2163						14	84	189	294	399
2164	-	2166						13	83	188	293	398
2167	-	2170						12	82	187	292	397
2171	-	2173						11	81	186	291	396
2174	-	2176						10	80	185	290	395
2177	-	2180						9	79	184	289	394
2181	-	2183						8	78	183	288	393
2184	-	2186						7	77	182	287	392
2187	-	2190						6	76	181	286	391
2191	-	2193						6	75	180	285	390
2194	-	2196						4	74	179	284	389
2197	-	2200						4	73	178	283	388
2201	-	2203						2	72	177	282	387
2204	-	2206						2	71	176	281	386
2207	-	2210							70	175	280	385
2211	-	2213							69	174	279	384

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2214	-	2216							68	173	278	383
2217	-	2220							67	172	277	382
2221	-	2223							66	171	276	381
2224	-	2226							65	170	275	380
2227	-	2230							64	169	274	379
2231	-	2233							63	168	273	378
2234	-	2236							62	167	272	377
2237	-	2240							61	166	271	376
2241	-	2243							60	165	270	375
2244	-	2246							59	164	269	374
2247	-	2250							58	163	268	373
2251	-	2253							57	162	267	372
2254	-	2256							56	161	266	371
2257	-	2260							55	160	265	370
2261	-	2263							54	159	264	369
2264	-	2266							53	158	263	368
2267	-	2270							52	157	262	367
2271	-	2273							51	156	261	366
2274	-	2276							50	155	260	365
2277	-	2280*							49*	154	259	364
2281	-	2283							48	153	258	363
2284	-	2286							47	152	257	362
2287	-	2290							46	151	256	361
2291	-	2293							45	150	255	360
2294	-	2296							44	149	254	359
2297	-	2300							43	148	253	358
2301	-	2303							42	147	252	357
2304	-	2306							41	146	251	356
2307	-	2310							40	145	250	355
2311	-	2313							39	144	249	354
2314	-	2316							38	143	248	353
2317	-	2320							37	142	247	352
2321	-	2323							36	141	246	351
2324	-	2326							35	140	245	350
2327	-	2330							34	139	244	349

*Net Income Limit

\$2,279

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2331	-	2333							33	138	243	348
2334	-	2336							32	137	242	347
2337	-	2340							31	136	241	346
2341	-	2343							30	135	240	345
2344	-	2346							29	134	239	344
2347	-	2350							28	133	238	343
2351	-	2353							27	132	237	342
2354	-	2356							26	131	236	341
2357	-	2360							25	130	235	340
2361	-	2363							24	129	234	339
2364	-	2366							23	128	233	338
2367	-	2370							22	127	232	337
2371	-	2373							21	126	231	336
2374	-	2376							20	125	230	335
2377	-	2380							19	124	229	334
2381	-	2383							18	123	228	333
2384	-	2386							17	122	227	332
2387	-	2390							16	121	226	331
2391	-	2393							15	120	225	330
2394	-	2396							14	119	224	329
2397	-	2400							13	118	223	328
2401	-	2403							12	117	222	327
2404	-	2406							11	116	221	326
2407	-	2410							10	115	220	325
2411	-	2413							9	114	219	324
2414	-	2416							8	113	218	323
2417	-	2420							7	112	217	322
2421	-	2423							6	111	216	321
2424	-	2426							6	110	215	320
2427	-	2430							4	109	214	319
2431	-	2433							4	108	213	318
2434	-	2436							2	107	212	317
2437	-	2440							2	106	211	316
2441	-	2443								105	210	315
2444	-	2446								104	209	314

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2447 - 2450								103	208	313
2451 - 2453								102	207	312
2454 - 2456								101	206	311
2457 - 2460								100	205	310
2461 - 2463								99	204	309
2464 - 2466								98	203	308
2467 - 2470								97	202	307
2471 - 2473								96	201	306
2474 - 2476								95	200	305
2477 - 2480								94	199	304
2481 - 2483								93	198	303
2484 - 2486								92	197	302
2487 - 2490								91	196	301
2491 - 2493								90	195	300
2494 - 2496								89	194	299
2497 - 2500								88	193	298
2501 - 2503								87	192	297
2504 - 2506								86	191	296
2507 - 2510								85	190	295
2511 - 2513								84	189	294
2514 - 2516								83	188	293
2517 - 2520								82	187	292
2521 - 2523								81	186	291
2524 - 2526								80	185	290
2527 - 2530								79	184	289
2531 - 2533								78	183	288
2534 - 2536*								77*	182	287
2537 - 2540								76	181	286
2541 - 2543								75	180	285
2544 - 2546								74	179	284
2547 - 2550								73	178	283
2551 - 2553								72	177	282
2554 - 2556								71	176	281
2557 - 2560								70	175	280
2561 - 2563								69	174	279

*Net Income Limit

\$2,535

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2564 - 2566								68	173	278
2567 - 2570								67	172	277
2571 - 2573								66	171	276
2574 - 2576								65	170	275
2577 - 2580								64	169	274
2581 - 2583								63	168	273
2584 - 2586								62	167	272
2587 - 2590								61	166	271
2591 - 2593								60	165	270
2594 - 2596								59	164	269
2597 - 2600								58	163	268
2601 - 2603								57	162	267
2604 - 2606								56	161	266
2607 - 2610								55	160	265
2611 - 2613								54	159	264
2614 - 2616								53	158	263
2617 - 2620								52	157	262
2621 - 2623								51	156	261
2624 - 2626								50	155	260
2627 - 2630								49	154	259
2631 - 2633								48	153	258
2634 - 2636								47	152	257
2637 - 2640								46	151	256
2641 - 2643								45	150	255
2644 - 2646								44	149	254
2647 - 2650								43	148	253
2651 - 2653								42	147	252
2654 - 2656								41	146	251
2657 - 2660								40	145	250
2661 - 2663								39	144	249
2664 - 2666								38	143	248
2667 - 2670								37	142	247
2671 - 2673								36	141	246
2674 - 2676								35	140	245
2677 - 2680								34	139	244

BASIS OF BENEFIT ISSUANCE
OCTOBER 2002

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2681	-	2683								33	138	243
2684	-	2686								32	137	242
2687	-	2690								31	136	241
2691	-	2693								30	135	240
2694	-	2696								29	134	239
2697	-	2700								28	133	238
2701	-	2703								27	132	237
2704	-	2706								26	131	236
2707	-	2710								25	130	235
2711	-	2713								24	129	234
2714	-	2716								23	128	233
2717	-	2720								22	127	232
2721	-	2723								21	126	231
2724	-	2726								20	125	230
2727	-	2730								19	124	229
2731	-	2733								18	123	228
2734	-	2736								17	122	227
2737	-	2740								16	121	226
2741	-	2743								15	120	225
2744	-	2746								14	119	224
2747	-	2750								13	118	223
2751	-	2753								12	117	222
2754	-	2756								11	116	221
2757	-	2760								10	115	220
2761	-	2763								9	114	219
2764	-	2766								8	113	218
2767	-	2770								7	112	217
2771	-	2773								6	111	216
2774	-	2776								6	110	215
2777	-	2780								4	109	214
2781	-	2783								4	108	213
2784	-	2786								2	107	212
2787	-	2790								2	106	211
2791	-	2793*									105*	210
2794	-	2796									104	209

*Net Income Limit

\$2,792

[illegible]

[illegible]

[illegible]

\$3,049

[illegible]

[illegible]

[illegible]

10/02

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PART XXIV

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TRANSMITTAL #54

**Commonwealth of Virginia
Department of Social Services
APPLICATION FOR BENEFITS****GENERAL INFORMATION**

With this application, you can apply for one or more of the following assistance programs. Refer to the fold-out page for instructions.

- Food Stamps
- Temporary Assistance for Needy Families (TANF)
- Medicaid
- General Relief
- Emergency Assistance
- State and Local Hospitalization
- Auxiliary Grants
- Refugee Resettlement Program

An application for TANF is automatically considered an application for Food Stamps. If you are applying for TANF and do not want to also apply for Food Stamps, check (✓) the statement on page 1 "I DO NOT wish to apply for Food Stamps."

COMPLETE AND ACCURATE INFORMATION

You must give complete, accurate, and truthful information. If you refuse to give needed information, your eligibility for assistance may not be able to be determined. Information regarding your race is not required. However, if you decided not to give this information, your worker will complete that section. If you knowingly give false, incorrect or incomplete information, or fail to report changes, you could lose your benefits and be arrested, prosecuted, fined and/or imprisoned. If you knowingly give false, incorrect, or incomplete information in order to help someone else receive benefits, you could be arrested and prosecuted for fraud.

VERIFICATION AND USE OF INFORMATION

The information that you give may be matched against Federal, State and local records including the Virginia Employment Commission and the Department of Motor Vehicles to determine if it is correct, accurate, and truthful. In addition, your Social Security Number (SSN) will be used to verify your identity, prevent receipt of benefits from more than one social service agency at the same time, and make required program changes.

The Virginia Department of Social Services is an equal opportunity provider.
032-03-824/14 (6/02)

SPECIAL INFORMATION FOR FOOD STAMP APPLICANTS

You can apply for Food Stamps by leaving a completed Application for Benefits at the agency or by leaving a partially completed Application with at least your name, address, and signature, or by tearing off and leaving this half-sheet with your name, address, and signature. **You must complete the rest of this Application before your eligibility can be determined.**

You must also be interviewed. Under certain hardships, you can be interviewed by telephone. You may turn in your application before you are interviewed. This is important because if you are eligible for the month in which you apply, your food stamp amount will be based on the date you actually turn in your application.

EXPEDITED SERVICE FOR FOOD STAMPS

Your household may qualify for Expedited Service and receive food stamps within 7 days if you are eligible and if your gross monthly income is less than \$150 and liquid resources are \$100 or less; or your monthly shelter bills are higher than your household's gross monthly income plus your liquid resources; or your household is a migrant or seasonal farmworker household with little or no income and resources. **GIVE THE INFORMATION BELOW, SO YOUR ELIGIBILITY FOR EXPEDITED SERVICE CAN BE DETERMINED.**

Total money expected this month before deductions	\$ _____
Total cash, money in checking/savings accounts, CDs	\$ _____
Total rent or mortgage for this month	\$ _____
Total utility expenses for this month	\$ _____
Do not count amounts due for previous months. Count only the basic telephone service cost.	
Is anyone in your household a migrant or seasonal farmworker	YES () NO ()

NAME	DATE OF BIRTH
ADDRESS	SOCIAL SECURITY NUMBER
	TELEPHONE
SIGNATURE	DATE

YOUR FOOD STAMP RIGHTS

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs and disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

AGENCY USE ONLY

CASE NAME

CASE NUMBER

LOCALITY

WORKER

DATE

EXPEDITED SERVICE DETERMINATION

Income less than \$150 and
Resources \$100 or less

YES () NO ()

Income plus resources less than shelter bills

YES () NO ()

For migrants or seasonal farmworkers:

Resources \$100 or less, and in next 10 days
\$25 or less is expected from new income:

OR

Resources \$100 or less, and no income
is expected from a terminated source for
the rest of this month or next month.

YES () NO ()

EXPEDITE IF YES TO ANY OF THE ABOVE.**VERIFICATION OF INFORMATION continued**

The INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS) will also be used to verify information. This system uses your SSN to verify wages and salary, unemployment benefits, and unearned income by using records from the Internal Revenue Service and the Social Security Administration. The State Verification Exchange System (SVES) uses your SSN to verify your receipt of social security and Supplemental Security Income (SSI) benefits. It is also used to verify quarters of coverage under Social Security, if you are an alien. In addition, the Immigration and Naturalization Service (INS) will be used to verify the status of aliens. Any difference between the information you give and these records will be investigated. Information from these records may affect your eligibility and benefit amount. If a food stamp claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

**VIRGINIA SOCIAL SERVICES
BENEFIT PROGRAMS BOOKLET**

This booklet contains information about the programs available at your local social services agency plus other very important information you should know, including your responsibilities. **READ THIS BOOKLET CAREFULLY.** Refer to the APPEALS Section if you have a complaint about an action taken on your case.

COMPLETING THE APPLICATION

If you need help completing this Application, a friend or relative or your eligibility worker can help you. If you are completing this application for someone else, answer each question as if you were that person. If you need to change an answer or make a correction, write the correct information nearby and put your initials and date next to the change. If more than 8 people are living in your home and you need more space to list everyone, tell the agency you need extra pages. If you want Medicaid and you are under 18 years of age, your parent or legal guardian must sign the application.

FILING THE APPLICATION

You may turn in a partially completed Application which contains at least your name, address, and signature (or the signature of your authorized representative), **but you must complete the rest of this Application before your eligibility can be determined.** For some programs, you must also be interviewed, but you may turn in your Application before your interview. You may turn in your Application any time during office hours the same day as you contact your local agency. You have the right to turn in your Application even if it looks like you may not be eligible for benefits.

**VIRGINIA DEPARTMENT
OF SOCIAL SERVICES**
APPLICATION FOR BENEFITS

AGENCY USE ONLY				
CASE NAME	CASE NUMBER	PROGRAM	WORKER CASELOAD	DATE RECD.
DATE OF SERVICE REFERRAL	DATE OF INTERVIEW	LOCALITY		

1. I WISH TO APPLY FOR:
☐ Financial Assistance ☐ Medical Assistance ☐ Food Stamps ☐ I DO NOT wish to apply for Food Stamps

APPLICANT'S NAME	SOCIAL SECURITY NUMBER	PHONE NUMBER (HOME/MESSAGES)
RESIDENCE ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)		DIRECTIONS TO HOME
MAILING ADDRESS (IF DIFFERENT)		
<p>YES () NO () A. Does anyone have an emergency medical need? If YES, give name and explain _____</p> <p>YES () NO () B. Is the applicant living in an Assisted Living Facility, an Adult Family Care Home, a Nursing Facility, or other institution? If YES, Date Applicant Entered _____ City\County and State Applicant lived before entering _____ If outside Virginia, was placement made by a government agency? YES () NO ()</p> <p>YES () NO () C. ANSWER THIS QUESTION IF APPLYING FOR MEDICAID, GENERAL RELIEF, OR AUXILIARY GRANTS: Does this applicant have a spouse who does not live in the home? If YES, Spouse's Name _____ Spouse's Address _____</p>		

2. **YES () NO ()** Have you or anyone for whom you are applying ever applied for, or received, or are currently receiving any benefits from a social services agency, including Food Stamps, AFDC, TANF, Medicaid, General Relief, Auxiliary Grants, Foster Care, Adoption Assistance, or Refugee Cash Assistance?

APPLICANT'S NAME	SOCIAL SECURITY NUMBER	TYPE OF BENEFITS RECEIVED
WHEN	FROM WHAT COUNTY OR CITY OR STATE	

3. **YES () NO ()** Have you or anyone for whom you are applying ever been convicted of making false or misleading statements about your identity or address to receive TANF, Food Stamps, or Medicaid in two or more states at the same time? If **YES**, give date and place of conviction _____
4. **YES () NO ()** Are you or anyone for whom you are applying in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony? If **YES**, explain _____
5. **YES () NO ()** Have you or anyone for whom you are applying been convicted of a drug-related felony for actions that occurred on or after August 22, 1996? If **YES**, explain _____
6. **YES () NO ()** Is there anything that you would like to talk about with a service worker? This could include concerns about your children, school problems, day care needs, family planning, referrals to other community organizations, or other problems or concerns. If **YES**, explain _____

INSTRUCTIONS

1. Do not write in the shaded areas. These areas are for agency use only.
2. Unfold this page. Use this folded page to complete **SECTION A: GENERAL INFORMATION**. Answer the questions in **SECTION A** for everyone who lives in your home, even if you are not applying for that person. You may leave questions about citizenship, immigration and Social Security Number blank for anyone for whom you are NOT requesting assistance.
3. Answer the questions in **SECTION B: RESOURCES** and **SECTION C: INCOME** for everyone for whom you are applying. In addition, if applying for **TANF or Medicaid** also provide resource and income information for the following persons:

TANF: Children age 18 or under, even if you are not applying for that child.

Medicaid: Spouse and children under age 21 who live with a person for whom you are applying.
Parents who live with a child under age 21.
Spouse of a person in a nursing facility, state hospital, or community-based care. Provide the spouse's shelter bills to your worker.
4. After completing Sections A, B, and C, answer the questions in the sections indicated below, depending on the type of assistance you are requesting.

Food Stamps	Section D pp. 8-9
TANF	Section E p. 10
Medicaid	Section E p. 10 only for children under age 21 Section F p. 11
General Relief	Section E p. 10 only for children under age 18 Section G and H p. 11
Emergency Assistance	Section H. p. 11
State and Local Hospitalization	Section I p. 12
Auxiliary Grants	Section J p. 12
Refugee Resettlement Program	Section E p. 10 only for children age 18 and under
5. Read **YOUR RESPONSIBILITIES** on page 13 and complete the "Assignment of Rights to Medical Support" Section if you are applying for TANF, Medicaid, Auxiliary Grants, State and Local Hospitalization.
6. Read **VOTER REGISTRATION** on the last page of this application.
7. Complete the last page of this application. Be sure to sign and date the application.

A. GENERAL INFORMATION (ALL APPLICANTS MUST COMPLETE THIS SECTION)

1. EVERYONE IN YOUR HOME		2. TEMPORARILY AWAY FROM HOME	3. RELATIONSHIP TO TO PERSON ON LINE #1	4. TYPE OF ASSISTANCE REQUESTED (Check (√) type of assistance requested for each person. If no assistance is requested, check NONE for tha person.)								
LIST EVERYONE LIVING IN YOUR HOME, even if you are not applying for assistance for that person. LIST YOURSELF ON LINE #1. Check (√) YES () NO () Do you expect any change in who lives in your home, either this month or next month? If YES, explain: _____ _____ _____ LAST NAME, FIRST, MI, AND MAIDEN (DO NOT make any entry in the ID# space)		Check (√) YES or NO is the person temporarily away from home? If YES , give the date the person is expected to return home.	Give the relationship of each person to the person listed on Line #1.	FOOD STAMPS	TANF	MEDICAID	GENERAL RELIEF	EMERGENCY ASSISTANCE	STATE & LOCAL HOSPITALIZATION	AUXILIARY GRANTS	REFUGEE RESETTLEMENT PROGRAM	NONE
1	ID#	YES () NO () Date Left _____ Expected Return Date _____										
2	ID#	YES () NO () Date Left _____ Expected Return Date _____										
3	ID#											
4	ID#	YES () NO () Date Left _____ Expected Return Date _____										
1	ID#	YES () NO () Date Left _____ Expected Return Date _____										
6	ID#	YES () NO () Date Left _____ Expected Return Date _____										
7	ID#	YES () NO () Date Left _____ Expected Return Date _____										
8	ID#	YES () NO () Date Left _____ Expected Return Date _____										

Determine reason person is away.
Determine if any parents or spouses live in the home,
Determine if person under 18 are under parental control,
Determine if anyone is a payee for anyone else

Determine living arrangement, such as subsidized housing for elderly, hospital, incarceration, etc.
If person is in ALF nursing facility, state hospital, or CBC, determine if a spouse, dependent, child, or dependent relative is in the home,
Determine living arrangement of the minor parent.

USE THE FOLDOUT TO COMPLETE THIS SECTION

5. U.S. CITIZEN Check (✓) YES or NO If YES, do not answer Question 6. You may leave this blank for anyone not in the assistance request	6. ANSWER ONLY IF AN ALIEN Give the Alien Number and Date of Entry for anyone for whom you are requesting assistance. You may leave this blank for anyone not in the assistance request.	7. PLACE OF BIRTH Give the State if born in the U.S. or the Country if born outside of the U.S. 8. DATE OF BIRTH	9a. RACE (not required) Give the code to show Race. 1. White 2. Black or African American 3. American Indian or Alaskan Native 4. Asian 5. Native Hawaiian or other Pacific Islander	9b. ETHNICITY (not required) Give the code to show ethnicity 1. Hispanic or Latino 2. Not Hispanic or Latino	10. SEX Give the code to show Sex M Male F Female	11. SOCIAL SECURITY NUMBER Give the number for anyone you are requesting assistance. You may leave this blank for anyone not in the assistance request.	12. MARITAL STATUS Give the code to show Marital status. 1. Married 2. Never Married 3. Divorced 4. Widowed 5. Separated	13. VETERAN OR DEPENDENT OF A VETERAN Check (✓) YES or NO	14. MEDICAL EXPENSES DURING THE 3 MONTHS BEFORE THIS MONTH. Check (✓) YES or NO If YES , give the Date of the Expense .
YES () NO ()	Alien Number Date of Entry	Place of Birth Date of Birth						YES () NO ()	YES () NO () Date
YES () NO ()	Alien Number Date of Entry	Place of Birth Date of Birth						YES () NO ()	YES () NO () Date
YES () NO ()	Alien Number Date of Entry	Place of Birth Date of Birth						YES () NO ()	YES () NO () Date
YES () NO ()	Alien Number Date of Entry	Place of Birth Date of Birth						YES () NO ()	YES () NO () Date
YES () NO ()	Alien Number Date of Entry	Place of Birth Date of Birth						YES () NO ()	YES () NO () Date
YES () NO ()	Alien Number Date of Entry	Place of Birth Date of Birth						YES () NO ()	YES () NO () Date
YES () NO ()	Alien Number Date of Entry	Place of Birth Date of Birth						YES () NO ()	YES () NO () Date
YES () NO ()	Alien Number Date of Entry	Place of Birth Date of Birth						YES () NO ()	YES () NO () Date
YES () NO ()	Alien Number Date of Entry	Place of Birth Date of Birth						YES () NO ()	YES () NO () Date

For Aliens, photocopy INS document, inquire if requesting emergency care. Determine if sponsored. Obtain sponsor's name address, income, and resources
For Asylees, verify date asylum was granted.
For Veterans, make referral to V.A.
For Medical Expenses, determine retroactive Medicaid entitlement.

USE THIS FOLDOUT TO COMPLETE THIS SECTION

15. EDUCATION			16. DISABILITY STATUS	17. ANSWER <u>ONLY</u> IF DISABLED	18. ANSWER ONLY IF PREGNANT AND APPLYING FOR MEDICAID
<p>A. Give the Last Grade Completed in school.</p> <p>B. Check (✓) YES or NO Is the person a High School (HS) or GED graduate?</p> <p>C. Check (✓) YES or NO Is the person Currently Enrolled in school? If YES, give the school name and use one of the codes to show enrollment.</p> <div>FT Enrolled full time HT Enrolled half time LT Enrolled less than half time</div> <div>SCHOOL NAMEENROLLMENT CODE</div>			<p>Give the code to show Disability Status</p> <p>ND Not disabled CD Needed to care for disabled person PG Pregnant BL Blind DS Disabled</p>	<p>A. Check (✓) if the disability reduces the ability to work or to obtain work.</p> <p>B. Check (✓) if the disability reduces or prevents the ability to care for a child in the home.</p> <p>C. Check (✓) if the disability requires someone to be in the home to provide care.</p>	<p>Give the Conception month and year and the Expected Delivery Date, and the number of Unborn Children.</p>
A. Last Grade Completed: _____				A. () Ability to work is reduced	Conception
B. () YES () NO HS or GED Graduate				B. () Ability to care for child is reduced	# Unborn
C. () YES () NO Currently Enrolled				C. () Someone is needed in the home	Delivery
A. Last Grade Completed: _____				A. () Ability to work is reduced	Conception
B. () YES () NO HS or GED Graduate				B. () Ability to care for child is reduced	# Unborn
C. () YES () NO Currently Enrolled				C. () Someone is needed in the home	Delivery
A. Last Grade Completed: _____				A. () Ability to work is reduced	Conception
B. () YES () NO HS or GED Graduate				B. () Ability to care for child is reduced	# Unborn
C. () YES () NO Currently Enrolled				C. () Someone is needed in the home	Delivery
A. Last Grade Completed: _____				A. () Ability to work is reduced	Conception
B. () YES () NO HS or GED Graduate				B. () Ability to care for child is reduced	# Unborn
C. () YES () NO Currently Enrolled				C. () Someone is needed in the home	Delivery
A. Last Grade Completed: _____				A. () Ability to work is reduced	Conception
B. () YES () NO HS or GED Graduate				B. () Ability to care for child is reduced	# Unborn
C. () YES () NO Currently Enrolled				C. () Someone is needed in the home	Delivery
A. Last Grade Completed: _____				A. () Ability to work is reduced	Conception
B. () YES () NO HS or GED Graduate				B. () Ability to care for child is reduced	# Unborn
C. () YES () NO Currently Enrolled				C. () Someone is needed in the home	Delivery

B. RESOURCES (ALL APPLICANTS MUST COMPLETE THIS SECTION)

Answer the resource questions for everyone for whom you are applying. If applying for **TANF or Medicaid**, also provide resource information for the additional persons indicated on the INSTRUCTIONS page. Include any resources anyone owns, is currently buying, or is heir to. Include any resources jointly owned with someone else, even if that person does not live with you. List the names of all joint owners. After each joint owner's name, list the percentage (%) of the resource owned by that person. TALK TO YOUR ELIGIBILITY WORKER IF YOU NEED HELP ANSWERING THESE QUESTIONS, INCLUDING THE PERCENTAGE OWNED.

- YES () NO ()** 1. Cash on hand and not in a bank? If **YES**, list owner(s) _____ Amount _____
- YES () NO ()** 2. Checking account, savings account, credit union account, Christmas Club account, CDs or money market account, individual development account, patient funds for people in a nursing facility or Adult Care Residence, or special welfare fund account? List all accounts, even if there is no money in the account. If **Yes** to savings account, has the savings account been set up to pay for school expenses, to make a down payment on a house, or to start a business? Check (✓) **YES () NO ()** If the savings account is to pay for **school expenses**, list the person(s) whose expenses will be paid _____

OWNER(S)	TYPE OF ACCOUNT ACCOUNT #	WHERE	YES () NO () Is this resource used in your business or trade, including farming?	AMOUNT \$	DATE ACQUIRED
OWNER(S)	TYPE OF ACCOUNT ACCOUNT #	WHERE	YES () NO () Is this resource used in your business or trade, including farming?	AMOUNT \$	DATE ACQUIRED
OWNER(S)	TYPE OF ACCOUNT ACCOUNT #	WHERE	YES () NO () Is this resource used in your business or trade, including farming?	AMOUNT \$	DATE ACQUIRED

- YES () NO ()** 3. Stocks or bonds, trust funds, pension plans, retirement accounts, promissory notes, or deeds of trust?

OWNER(S)	TYPE OF ACCOUNT ACCOUNT #	WHERE	AMOUNT \$	DATE ACQUIRED
OWNER(S)	TYPE OF ACCOUNT ACCOUNT #	WHERE	AMOUNT \$	DATE ACQUIRED

- YES () NO ()** 4. Burial plots, burial arrangement or trust funds for burial?

OWNER(S)	NUMBER OF PLOTS, TYPE OF ARRANGEMENT	WHERE	VALUE \$ AMOUNT OWED \$	DATE ACQUIRED
OWNER(S)	NUMBER OF PLOTS, TYPE OF ARRANGEMENT	WHERE	VALUE \$ AMOUNT OWED \$	DATE ACQUIRED

- YES () NO ()** 5. Personal property, such as campers/trailers, non-motorized boats, utility trailers, tools, equipment, supplies, or livestock?

OWNER(S)	TYPE	YES () NO () Is this property necessary to your business or trade, including farming?	VALUE \$ AMOUNT OWED \$	DATE ACQUIRED
----------	------	---	----------------------------------	---------------

- YES () NO ()** 6. Real property, including life estates, land, buildings, or mobile homes? If **YES**, do you live there? Check (✓) **YES () NO ()**

OWNER(S)	TYPE (INCLUDE NUMBER OF ACRES)	YES () NO () Currently rented YES () NO () Income producing YES () NO () Currently for sale	VALUE \$ AMOUNT OWED \$	DATE ACQUIRED
----------	--------------------------------	---	----------------------------------	---------------

YES () NO () 7. Licensed or unlicensed vehicles, such as cars, trucks, vans, motorboats, motor homes, mobile homes, recreational vehicles, or motorcycles/mopeds?

OWNERS	TYPE OF VEHICLE: YEAR-MAKE-MODEL VEHICLE ID#	CURRENTLY LICENSED? YES () NO ()	LICENSE #	VALUE \$ AMOUNT OWED \$	EXPLAIN HOW VEHICLE IS USED	DATE ACQUIRED
OWNERS	TYPE OF VEHICLE: YEAR-MAKE-MODEL VEHICLE ID#	CURRENTLY LICENSED? YES () NO ()	LICENSE #	VALUE \$ AMOUNT OWED \$	EXPLAIN HOW VEHICLE IS USED	DATE ACQUIRED

YES () NO () 8. Health insurance?

POLICY HOLDER	COMPANY NAME, ADDRESS, PHONE	BEGIN DATE END DATE	ID NUMBER PREMIUM AMOUNT \$	TYPE OF COVERAGE	PERSON(S) INSURED
POLICY HOLDER	COMPANY NAME, ADDRESS, PHONE	BEGIN DATE END DATE	ID NUMBER PREMIUM AMOUNT \$	TYPE OF COVERAGE	PERSON(S) INSURED

YES () NO () 9. Medicare?

PERSON INSURED	CLAIM NUMBER	CHECK (✓) () PART A () PART B	BEGIN DATE END DATE	PREMIUM	PAYMENT METHOD
PERSON INSURED	CLAIM NUMBER	CHECK (✓) () PART A () PART B	BEGIN DATE END DATE	PREMIUM	PAYMENT METHOD

YES () NO () 10. Life insurance policies? (NOT REQUIRED IF YOU ARE APPLYING ONLY FOR FOOD STAMPS)

OWNER(S)	PERSON(S) INSURED	COMPANY NAME, ADDRESS, PHONE	TYPE OF POLICY	POLICY NUMBER	FACE VALUE \$	CASH VALUE \$	DATE ACQUIRED
OWNER(S)	PERSON(S) INSURED	COMPANY NAME, ADDRESS, PHONE	TYPE OF POLICY	POLICY NUMBER	FACE VALUE \$	CASH VALUE \$	DATE ACQUIRED

YES () NO () 11. Has anyone sold, transferred, or given away any resources in the last 3 months if applying for Food Stamps?

In the last 2 years, if applying for **TANF** or **General Relief**? Any resources or income in the last 5 years if applying for **Medicaid**?

PROPERTY TRANSFERRED		VALUE AT TRANSFER \$	AMOUNT RECEIVED \$	EXPLAIN REASON FOR TRANSFER
FROM WHOM	TO WHOM	DATE ACQUIRED	DATE TRANSFERRED	

YES () NO () 12a. Does anyone expect to receive any money because of a legal suit involving personal injury or property damage? If YES, explain.

YES () NO () 12b. Does anyone expect a change in resources this month or next month? If YES, explain and give date change is expected.

EXPLAIN

For Food Stamps, investigate voluntary quit/work reduction.
For TANF, determine the day care option.
For Medicaid, determine income of spouse, dependent child,
or dependent relative of person in nursing
facility, state hospital, or CBC.

YES () NO () 3. Has anyone been fired, laid off, gone on sick or maternity leave, gone on strike, quit a job or reduced hours worked in the last 60 days?

NAME OF PERSON	EMPLOYER'S NAME, ADDRESS PHONE	EMPLOYED FROM/TO	HRS./WK. WORKED	RATE OF PAY	HOW OFTEN PAID	DATE LAST PAY RECEIVED	REASON FOR LEAVING, REDUCING HOURS
				\$ PER			

YES () NO () 4. Does anyone besides the people for whom you are applying pay directly for you, help you pay, or lend you money to pay rent, utilities, medical bills or any other bills? Or, does anyone totally support food or clothing for you or someone else on a regular basis?

PERSON RECEIVING HELP	PERSON PROVIDING HELP	TYPE OF HELP RECEIVED	AMOUNT	DOES MONEY COME DIRECTLY TO YOU?	IS THIS A LOAN?	IS REPAYMENT EXPECTED
			\$ PER	YES () NO ()	YES () NO ()	YES () NO ()
			\$ PER	YES () NO ()	YES () NO ()	YES () NO ()

YES () NO () 5. Has anyone applied for or received student financial aid or work-study for a current school term at a college or university? Or, any school or training program beyond the high school level? Or, any school or training program for the physically or mentally disabled?

NAME OF PERSON	TYPE OF FINANCIAL AID	AMOUNT	PERIOD COVERED	SCHOOL EXPENSES					
				TUITION FEES	BOOKS/ SUPPLIES	TRANSPOR- TATION	DEPENDENT CARE	ROOM & BOARD	OTHER (specify)
		\$	FROM TO	\$	\$	\$	\$	\$	\$
		\$	FROM TO	\$	\$	\$	\$	\$	\$

YES () NO () 6. Does anyone expect any change in the type of money received, employment, or hours worked, either this month or next month?
If **YES**, explain and give date: _____

YES () NO () 7. Does anyone have a day care expense for a child, an elderly person, or an adult with a disability?

PERSON PAYING FOR CARE	PERSON RECEIVING CARE	CHECK (✓) IF DISABLED	PROVIDER'S NAME, ADDRESS, PHONE NUMBER	AMOUNT PAID
		() Disabled		\$ PER
		() Disabled		\$ PER

YES () NO () 8. Does anyone pay legally obligated child support to someone not in the household? If **YES**, person paying: _____
Person supported: _____ Amount paid and how often: _____

YES () NO () 9. **ANSWER ONLY IF SOMEONE IS APPLYING FOR MEDICAID AND IS BLIND OR DISABLED:** Does this person have a work related expense?
If **YES**, give amount and explain: _____

D. FOOD STAMPS

1. List the name of the person who is the head of your household.

NOTE: Refer to the Temporary Assistance Programs Booklet for information about naming the Head of Household.

YES () NO () 2. Would you like to name one or more authorized representatives who could apply for food stamps for you, pick up or receive food stamps for you, use your food stamps in grocery stores for you, or receive food stamp correspondence and notices for you?

NAME, ADDRESS, PHONE NUMBER OR AUTHORIZED REPRESENTATIVE(S)		CHECK (✓) EACH DUTY AUTHORIZED FOR THAT PERSON	
1		() Apply for food stamps () Receive food stamps	() Use food stamps () Receive correspondence
2		() Apply for food stamps () Receive food stamps	() Use food stamps () Receive correspondence

An authorized representative must have written permission to apply for food stamps. This permission can be given in the space above or in a letter. Permission can only be given by the head of the household, the spouse, or any adult member of the household age 18 or older.

YES () NO () 3. Is anyone living in your home NOT included on your Food Stamp application?

If **YES**, do you and everyone for whom you are applying usually purchase and prepare meals apart from these people? Or, do you intend to do so if your application for Food Stamps is approved? **Check (✓) YES () NO () IF YES, list names:** _____

YES () NO () 4. Is anyone living in your home a roomer or a boarder? If **YES**, list names: _____

YES () NO () 5. Is anyone age 60 or older, **OR** approved to receive Medicaid because of a disability, **OR** receiving any type of disability check?

If **YES**, list all current medical expenses for these people, including Medicare premiums, other medical insurance premiums, medical and dental bills, psychotherapy, prescription drugs, eye glasses, dentures, hearing aids, transportation for medical services, nursing services, and any other medical bills. **ALSO**, indicate how you would like these medical expenses deducted in order to determine your food stamp benefits. **TALK TO YOUR WORKER BEFORE ANSWERING METHOD OF DEDUCTION.**

PERSON WITH EXPENSE	TYPE OF EXPENSE	AMOUNT	NAME, ADDRESS, PHONE NUMBER OF DOCTOR, HOSPITAL, PHARMACY	METHOD OF DEDUCTION
		\$		() Lump sum () Monthly average () Expected payment
		\$		() Lump sum () Monthly average () Expected payment
		\$		() Lump sum () Monthly average () Expected payment

YES () NO () 6. Does anyone have any shelter expense for rent or mortgage, real estate tax, property tax on a mobile home, home owner's insurance, electricity, gas, kerosene, coal, oil, wood, water or sewer, telephone, or initial installation fee for utilities or telephone? If **YES**, answer question a, b, and c. Then, give the information requested in boxes.

- a. **YES () NO ()** Are any utilities included in your rent? If **Yes**, leave the boxes for those expenses blank.
 b. **YES () NO ()** Are taxes or insurance included in your mortgage payment? If **Yes**, leave those boxes blank.
 c. **YES () NO ()** Do you have an expense for telephone services? ? If **Yes**, does anyone living in your home but not included on your Food Stamp application help you pay your telephone bill? Check (✓) **YES** or **NO**
 If **YES**, explain: _____

EXPENSE	Rent or Mortgage	Taxes	Insurance	Electricity	Gas	Kerosene	Coal	Oil	Wood	Water/Sewer	Garbage	Installation
AMOUNT BILLED	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
HOW OFTEN												
WHO PAYS BILL												

YES () NO () 7. Does anyone have or expect to have an expense for heating or cooling the home? Or, has anyone received assistance from the Fuel Assistance Program during this past year?

If **YES**, check (✓) whether you would like your food stamp benefits determined using your actual utility expenses or a standard amount we use for these expenses. TALK TO YOUR WORKER BEFORE ANSWERING. **Actual Utility Expense () Utility Standard ()**

If the **Utility Standard** is selected, does anyone living in your home but not included on your Food Stamp application help you pay your heating or cooling bill? Check (✓) **YES () NO ()** If **YES**, explain: _____

YES () NO () 8. Are you staying temporarily in someone else's home, an emergency shelter, welfare hotel, other halfway house, or a place not usually used for sleeping? If temporarily staying in someone else's home, give the date you moved in: _____

If **YES**, check (✓) whether you would like your food stamp benefits determined using your actual shelter expenses or a standard amount we use for these expenses. TALK TO YOUR WORKER BEFORE ANSWERING. **Actual Shelter Expense () Homeless Shelter Allowance ()**

YES () NO () 9. Does anyone have a shelter expense for a home (rented or owned) that is temporarily not lived in because of employment or training away from home, illness, or a disaster?

REASON FOR NOT LIVING THERE	DOES PERSON INTEND TO RETURN?	TYPE AND AMOUNT OF SHELTER EXPENSES	IS SOMEONE ELSE LIVING THERE?	IF SOMEONE ELSE LIVES THERE, DOES THAT PERSON PAY RENT?
	YES () NO ()		YES () NO ()	YES () NO ()

E. FINANCIAL AND MEDICAL ASSISTANCE FOR CHILDREN

(ASK FOR AN EXTRA PAGE IF YOU NEED MORE SPACE)

ANSWER QUESTIONS 3 <u>ONLY</u> IF ANSWER TO QUESTION 2 IS "ABSENT"		ANSWER QUESTIONS 4, 5 AND 6 <u>ONLY</u> IF ANSWER TO QUESTION 3 IS "SEPARATED, LIVING APART"		ANSWER QUESTION 7 <u>ONLY</u> IF APPLYING FOR TANF AND THE CHILD IS NOT IN SCHOOL													
QUESTIONS 3 THROUGH 6 BELOW ARE NOT REQUIRED FOR TANF																	
1. List each child for whom you are applying. Then, list the names of both parents.	2. Check if either PARENT is:		3. REASONS FOR ABSENCE For each ABSENT PARENT, Check reason for absence.						4. FINANCIAL SUPPORT Does the ABSENT PARENT regularly provide monthly financial support? Check YES or NO If YES, give amount, and how often received.	5. PHYSICAL CARE Does the ABSENT PARENT regularly make sure the child eats, sleeps, bathes, dresses properly, and gets proper medical care? Check YES or NO	6. GUIDANCE Does the ABSENT PARENT regularly participate in the child's activities, attend school con- ferences, and share in decisions about discipline? Check YES or NO	7. IMMUNIZATION Has the child received ALL of the immunizations required according to the child's age?					
YOU MUST IDENTIFY BOTH PAR- ENTS IN ORDER TO RECEIVE TANF. IF YOU INTENTIONALLY MISIDENTIFY A PARENT, YOU SHALL BE PROSECUTED	UNEMPLOYED	DISABLED	DEAD	ABSENT	PATERNITY NOT	DIVORCED OR MARRIAGE	INCAPACITATED	DESERTED	UNPAID WORK	SENTENCED BY COURT TO DO	DEPORTED	ARTIFICIAL INSEMINATION	SINGLE PARENT ADOPTION				
	CHILD'S NAME													YES () NO () UNKNOWN ()			
	MOTHER													YES () NO () \$ PER	YES () NO ()	YES () NO ()	
	FATHER													YES () NO () \$ PER	YES () NO ()	YES () NO ()	
	CHILD'S NAME													YES () NO () \$ PER	YES () NO ()	YES () NO ()	
MOTHER													YES () NO () \$ PER	YES () NO ()	YES () NO ()		
FATHER													YES () NO () \$ PER	YES () NO ()	YES () NO ()		
CHILD'S NAME													YES () NO () \$ PER	YES () NO ()	YES () NO ()		
MOTHER													YES () NO () \$ PER	YES () NO ()	YES () NO ()		
FATHER													YES () NO () \$ PER	YES () NO ()	YES () NO ()		
CHILD'S NAME													YES () NO () \$ PER	YES () NO ()	YES () NO ()		
MOTHER													YES () NO () \$ PER	YES () NO ()	YES () NO ()		
FATHER													YES () NO () \$ PER	YES () NO ()	YES () NO ()		

F. MEDICAID

YES () NO () 1. Have you ever received a check from the Supplemental Security Income (SSI) Program?

If yes, when did you receive SSI? _____

If the payments have stopped, why did they stop? _____

YES () NO () 2. Have you ever received a check from the Auxiliary Grants (AG) Program?

If yes, when did you receive AG? _____

If the payments have stopped, why did they stop? _____

G. GENERAL RELIEF

YES () NO () 1. Does anyone have any responsibility for rent or utility bills (not telephone), even if someone else helps pays?

YES () NO () 2. Has anyone applied for Supplemental Security Income (SSI)?

If **YES**, give date applied: _____

Check (✓) one: () **NO DECISION MADE YET**
() **APPLICATION DENIED**

() **APPLICATION APPROVED**
() **DECISION APPEALED**

H. GENERAL RELIEF/EMERGENCY ASSISTANCE

YES () NO () Does anyone have any emergency food, rent, utility (not deposits), medical, clothing, transient or relocation expenses?

DESCRIPTION AND CAUSE OF EMERGENCY

I. STATE AND LOCAL HOSPITALIZATION

YES () NO () Have you received or will you be receiving in-patient/out-patient hospitalization services, or ambulatory surgical services, or services through a health department clinic?
If **YES**, please fill out the following:

PERSON RECEIVING SERVICES	NAME OF HOSPITAL OR CLINIC	IF SERVICE HAS ALREADY BEEN RECEIVED, GIVE THE DATES BELOW
		DATE ADMITTED: DATE DISCHARGED:

If you were hospitalized as the result of an accident, complete the following:

WHAT HAPPENED, WHERE, HOW	NAME, ADDRESS OR PERSON AT FAULT	IS A LIABILITY SUIT PLANNED OR IN PROGRESS? YES () NO ()
NAME, ADDRESS OF ALL INSURANCE COMPANIES INVOLVED		NAME, ADDRESS, PHONE NUMBER OF YOUR ATTORNEY

J. AUXILIARY GRANTS

YES () NO () 1. Do you own any household goods or personal effects which are worth more than \$500, such as silver, fine china, furs, artworks, expensive jewelry, or other expensive items?

DESCRIPTION AND VALUE OF ITEMS

YES () NO () 2. Do you owe or did you pay in the month of application any bills you had before you entered the assisted living facility or adult family care?

DESCRIPTION OF BILLS	DATES OF BILLS	DATES BILLS PAID
----------------------	----------------	------------------

YOUR RESPONSIBILITIES (READ THIS SECTION CAREFULLY BEFORE SIGNING THIS APPLICATION)**CHANGES**

You must report changes for Food Stamp, Temporary Assistance for Needy Families (TANF), and Medicaid Programs within 10 days. You must report changes for the Auxiliary Grants and General Relief Programs the day the change occurs or the first day that the agency is open after the change occurs. The following examples of changes may include some that do not have to be reported for every program. If you are not sure whether to report a particular change, please discuss the change with your worker.

- 1) Change of address and any changes in shelter costs due to the move
- 2) Change in the persons in the household – person left, person born, etc.
- 3) Change in source of income, getting a new job, stopping a job, other benefits, etc.
- 4) Change in work hours from part-time to full-time or full-time to part-time
- 5) Change in rate of pay per hour/day, etc.
- 6) Change in the amount of monthly income received other than from a job (For Food Stamps and TANF report changes of more than \$25.00 a month)
- 7) Change in resources
- 8) Change in motor vehicles owned
- 9) Change in legally obligated child support payments (Food Stamps only)
- 10) Change in marital status
- 11) Person in home is no longer disabled
- 12) Change in dependent care expenses
- 13) Person in the home is convicted of a drug-related felony (TANF only)
- 14) Other changes that may affect eligibility for a program or the amount of assistance

PENALTIES FOR TANF VIOLATIONS

You must not knowingly give false information, hide information, or fail to report changes on time in order to receive TANF.

If you are found guilty of intentionally breaking these rules, you will be ineligible to receive TANF for yourself for 6 months (1st violation), 12 months (2nd violation), or permanently (3rd violation). In addition, you may be prosecuted under Federal or State law.

Anyone convicted of misrepresenting his or her residence to get TANF, Medicaid, Food Stamps or SSI in two or more states in ineligible for TANF for 10 years.

Anyone convicted of a drug related felony for actions that occurred on or after August 22, 1996, could be barred permanently.

PENALTIES FOR FOOD STAMP VIOLATIONS

You must not give false information or hide information to get food stamps. You must not trade or sell food stamps, ATP cards, or EBT cards. You must not change ATP cards to get food stamps you are not eligible to receive. You must not use food stamps to buy non-food items, such as alcohol, tobacco or paper products. You must not use someone else's food stamps, EBT or ATP card for your household.

Anyone who intentionally breaks any of these rules could be barred from the Food Stamp Program for 12 months (1st violation), 24 months (2nd violation), or permanently (3rd violation); subject to \$250,000 fine, imprisoned up to 20 years, or both; and suspended for an additional 18 months and further prosecuted under other Federal and State laws.

Anyone who intentionally gives false information or hides information about identity or residence to get Food Stamps in more than one locality at the same time could be barred for 10 years.

Anyone court convicted of trading or selling Food Stamps of \$500.00 or more could be barred permanently.

Anyone court convicted of trading food stamps for a controlled substance could be barred for 24 months for the 1st violation, permanently for the 2nd violation.

Anyone court convicted of trading food stamps for firearms, ammunition, or explosives could be barred permanently for the first violation.

Anyone convicted of a drug-related felony for actions that occurred on or after August 22, 1996, could be barred permanently.

INFORMATION ABOUT THE DIVISION OF CHILD SUPPORT ENFORCEMENT (DCSE)

In order to receive TANF, you are required to assign all of your rights to financial support paid to you and to everyone else for whom you are receiving TANF. You must give to DCSE any support payments you receive after you receive your TANF case is approved. By accepting the TANF check, you are agreeing to assign these rights.

ASSIGNMENTS OF RIGHTS TO MEDICAL SUPPORT

In order to receive Medicaid or SLH, each person age 18 or older is required to assign all rights to medical support to the Department of Medical Assistance Services (DMAS). This means that you must give to DMAS any payment for medical services you receive from another insurer. You are also required to assign these same rights for everyone for whom you have the legal right to do so. Failure to assign the rights to medical support will make you ineligible for Medicaid and SLH. Failure to assign the rights for anyone else will not make that person ineligible for Medicaid.

DIRECTIONS: Use column A, initial one of the statements, and sign your name. Any other person age 18 or older should use Column B, initial one of the statements and sign his/her name.

A B

_____ I agree to assign my rights and the rights of everyone for whom I have the legal right to do so.

_____ I refuse to assign my rights.

_____ I refuse to assign the rights of: (give name) _____

Signature A: _____

Signature B: _____

VOTER REGISTRATION

ANSWER ONLY IF YOU ARE APPLYING FOR FOOD STAMPS, TANF, OR MEDICAID. IF YOU DO NOT RESPOND, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Check (✓) one of the following:

YES () NO () If you are not registered to vote where you currently live now, would you like to register to vote here today? By checking this question "yes," I certify that a voter registration application form was given to me to complete. (If you would like help filling out the voter registration application form, we will help you. The decision to accept help is yours. You also have the right to complete your voter registration application form in private.)

YES () NO () I am already registered to vote at my current address. (If already registered at your current address, you are not eligible to register to vote.)

YES () NO () I do not want to apply to register to vote today.

Applying to register or declining to register to vote will not affect the assistance or services that you will be provided by this agency. A decision not to apply to register to vote will remain confidential. A decision to apply to register to vote and the office where your application was submitted will also remain confidential and may only be used for voter registration purposes. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register to vote, or your right in applying to register to vote, you may file a complaint with: Secretary of the Virginia State Board of Elections, Ninth Street Office Building, 200 North Ninth Street, Richmond, VA 23219-3497, (804) 786-6551.

Agency Use Only: ☐ Face-to-face interview not required. A voter registration form was mailed.

BY MY SIGNATURE BELOW, I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE FOLLOWING IS TRUE:

I UNDERSTAND:

- All other information in the GENERAL INFORMATION and the YOUR RESPONSIBILITIES sections of this application.
- If I give false, incorrect, or incomplete information, including intentionally misidentifying the parent of a child, or do not report required changes on time, I may be breaking the law and could be prosecuted for perjury, larceny, or welfare fraud.
- If I helped someone complete this form so as to get benefits he or she is not entitled to receive, I may be breaking the law and could be prosecuted.
- If I refuse to cooperate with any review of my eligibility, including reviews by Quality Control, my benefits may be denied until I cooperate.
- If my application is for Food Stamps, failure to report or verify any of my expenses will be seen as a statement by my household that I do not want to receive a deduction for unreported expenses.

Everyone for whom I am applying is either a U.S. citizen or an alien in lawful immigration status, unless I am only applying for emergency medical services for which there is not a citizenship or lawful alien requirement.

All information on this application is correct and complete to the best of my knowledge and belief, including information about citizenship and alien status.

My signature authorizes the release to this agency of all information necessary to both determine and review my eligibility. I authorize the release of any medical or psychological information obtained from any source to the state or local agency that may review this application for financial or medical assistance. This authorization is valid for one year from the date of my signature below. I understand that this time limit does not apply to investigations regarding possible fraud.

I received the Benefit Programs Booklet **YES () NO ()** **TANF, MEDICAID APPLICANTS:** I received the Medicaid Handbook **YES () NO ()**

TANF APPLICANTS: The diversionary assistance program was explained to me. **YES () NO ()**
The family cap provision was explained to me. **YES () NO ()**

I filled in this application myself. **YES () NO ()** If **NO**, it was read back to me when completed. **YES () NO ()**

APPLICANT'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE OR MARK	DATE	SPOUSE'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE OR MARK (NOT NEEDED FOR FOOD STAMPS)	DATE
WITNESS TO MARK OR INTERPRETER	DATE	WORKER'S SIGNATURE	DATE

Complete the box below if this application was completed for the applicant by someone else.

NAME OF PERSON COMPLETING APPLICATION	DATE	ADDRESS
PHONE NUMBER (HOME) (WORK)		RELATIONSHIP TO APPLICANT

Commonwealth of Virginia
Department of Social Services
ELIGIBILITY REVIEW – PART A

CASE NAME	CASE NUMBER	PROGRAM(S)	LOCALITY	WORKER	DATE RECEIVED
CASE NAME	CASE NUMBER	PROGRAM(S)	LOCALITY	WORKER	DATE RECEIVED

This is a review to determine if you continue to be eligible for benefits. Please give correct and complete information on both Part A (this form) and Part B (Separate Form).
IF YOU ARE REPORTING A NEW HOUSEHOLD MEMBER, COMPLETE THE INFORMATION ON THE BACK OF THIS PAGE FOR THE NEW MEMBER.

A HOUSEHOLD INFORMATION

1. Give your name, address and phone number.

NAME	PHONE NUMBER (HOME (WORK)
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)	DIRECTIONS TO HOME
MAILING ADDRESS (IF DIFFERENT)	

2. List yourself on the first line. Then, list everyone else living in your home, **even if you are not applying for that person**. Include people temporarily away and check the "AWAY" block for them. Give the information requested for each person.

NAME (IF AWAY, CHECK AWAY BLOCK)		PROGRAM(S) REQUESTED					RELATIONSHIP TO YOU	SOCIAL SECURITY NUMBER	DATE OF BIRTH	MARITAL STATUS	CHECK (✓) IF IN SCHOOL		IF IN SCHOOL NAME OF SCHOOL
LAST, FIRST, MIDDLE INITIAL (MAIDEN)	AWAY	FOOD STAMPS	TANF	MEDI CAID/	IF OTHER, SPECIFY	NONE					YES	NO	

If you answer "YES" to any of the following questions, please explain below.

YES () NO ()

3. Is anyone in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony?

YES () NO ()

4. Has anyone been convicted of a drug related felony committed after August 22, 1996?

YES () NO ()

5. Is anyone now blind, totally incapacitated too ill or injured to work, pregnant, or needed to care for an incapacitated person?

YES () NO ()

6. Have any of your children received any immunizations since approval of your original application or since your most recent review?

YES () NO ()

7. Have you or anyone for whom you are applying ever been convicted of making false or misleading statements about your address or identity to receive TANF (AFDC), Food Stamps, or Medicaid in two or more areas at the same time?

If "YES", explain

- 8. NEW HOUSEHOLD MEMBER INFORMATION** – Give the following information for any new household member you are reporting for the first time. For **TANF and FOOD STAMPS**, also give this information for any new member you have verbally reported since your original application or since your most recent eligibility review.

NAME LAST NAME, FIRST, MI (MAIDEN)	PROGRAM(S) REQUESTED	RELATION SHIP TO YOU	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RACE	HISPANIC		SEX	MARITAL STATUS	CITIZEN- SHIP	ALIEN REGISTRATION NUMBER	LAST GRADE	CHECK (✓) IF IN SCHOOL		CHECK (✓) IF A VETERAN	
						YES	NO						YES	NO	YES	NO

* -You may leave this blank for anyone not in the assistance request.

** - Not required.

- YES () NO () 9. Is anyone listed above blind, totally incapacitated, too ill or injured to work, pregnant, or needed to care for an incapacitated person? If YES, explain: _____
- YES () NO () 10. Is anyone listed above in violation of parole or probation, or fleeing capture to avoid prosecution or punishment of a felony? If Yes, explain: _____
- YES () NO () 11. Has anyone listed above been convicted of a drug related felony committed after August 22, 1996? If YES, explain: _____
- YES () NO () 12. Has anyone listed above ever been convicted of making false or misleading statements about your address or identity to receive TANF (AFDC), Food Stamps, or Medicaid in two or more areas at the same time? If YES, give date and place of conviction: _____
- YES () NO () 13. **(DOES NOT APPLY TO FOOD STAMPS OR TANF)**: Does anyone listed above have any unpaid medical expenses during the last 3 months?
- YES () NO () 14. **(DOES NOT APPLY TO FOOD STAMP)**: If applying for children, list the name(s) and address(es) of any absent parent(s): _____
- YES () NO () 15. **(DOES NOT APPLY TO FOOD STAMPS OR TANF)**: If the parents are separated and living apart, does the absent parent(s) provide financial support, physical care or guidance? If YES, explain: _____

ASSIGNMENT OF RIGHTS TO MEDICAL SUPPORT: As long as you are covered by Medicaid or State/Local Hospitalization (SLH), you are required to assign all of your rights to medical support to the Department of Medical Assistance Services (DMAS) and give to DMAS any payment for medical services you receive from another insurer. You are also required to assign these same rights for everyone else for whom you have the legal right to do so. Failure to assign your rights will make you ineligible for Medicaid/CMSIP or SLH. Failure to assign the rights of anyone else will not make that person ineligible for Medicaid but will make that person ineligible for CMSIP. If you are unwilling to assign the rights of a new household member(s), initial the block below and list the name(s) of the person(s) whose rights you do not wish to assign. Otherwise, your signature indicates you agree to assign the rights of the new household member(s)

☐ I refuse to assign the rights of _____

Your Signature or Authorized Representative's Signature or Mark Date Witness for Mark Date

By my signature below, I declare that the household member(s) for whom I am requesting Food Stamps, TANF, Medicaid (unless I am applying for emergency medical services only), is/are either a U.S. citizen(s) or alien(s) in lawful immigration status, and I declare under penalty of law that all information on this form is correct and complete to the best of my knowledge and belief. The Virginia Department of Social Service is an equal opportunity provider. I understand that if there is a food stamp claim against my household, the information on this application, including all SSNs, may be referred to federal and state agencies as well as private claims collection agencies for claims collection action.

Your Signature or Authorized Representative's Signature or Mark Date Witness for Mark Date

Commonwealth of Virginia
Department of Social Services
ELIGIBILITY REVIEW – PART B

CASE NAME	CASE NUMBER	PROGRAM(S)	LOCALITY	WORKER	DATE RECEIVED
CASE NAME	CASE NUMBER	PROGRAM(S)	LOCALITY	WORKER	DATE RECEIVED

B. **RESOURCES** Answer for everyone for whom you are applying, include any resources anyone owns, is buying, or is heir to. Include any resources jointly owned with someone else, even if that person does not live with you. List the names of all joint owners. After each joint owner's name, list the percentage (%) of the resource owned by that person. Talk to your eligibility worker if you need help answering these questions, including help with the percentage owned.

- ☐ YES ☐ NO 1. Does anyone have cash, money in checking/savings/credit union/Christmas Club/money market/individual development account/or any other account, CDs, patient funds, special welfare accounts, stocks or bonds, trust funds, pension plans, retirement accounts, promissory notes, deeds of trust, or burial plots/arrangements/trust funds? Has a savings account been set up to pay for school, to make a down payment on a house or to start a business?
Check (✓): ☐ YES ☐ NO

If the savings account is for **school expenses**, give name of person whose expenses will be paid: _____

OWNER(S)	TYPE (ACCOUNT #)	WHERE	YES () NO () Is this resource used in your business or trade. Including farming?	AMOUNT OR VALUE \$	DATE ACQUIRED
OWNER(S)	TYPE (ACCOUNT #)	WHERE	YES () NO () Is this resource used in your business or trade. Including farming?	AMOUNT OR VALUE \$	DATE ACQUIRED
OWNER(S)	TYPE (ACCOUNT #)	WHERE	YES () NO () Is this resource used in your business or trade. Including farming?	AMOUNT OR VALUE \$	DATE ACQUIRED

- ☐ YES ☐ NO 2. Does anyone own any personal property, such as campers/trailers, non-motorized boats, utility trailers, tools, equipment, supplies, or livestock?

OWNER(S)	TYPE	YES () NO () Is this property used in your business or trade. Including farming?	VALUE \$ AMOUNT \$ OWED	DATE ACQUIRED
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- ☐ YES ☐ NO 3. Does anyone own any real property, including life estates, land, buildings, or mobile homes? If YES, do you live there? Check (✓): ☐ YES ☐ NO

OWNER(S)	TYPE	YES () NO () Currently rented YES () NO () Income-producing YES () NO () Currently for sale	VALUE \$ AMOUNT \$ OWED	DATE ACQUIRED
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- ☐ YES ☐ NO 4. Does anyone own vehicles, such as cars, trucks, vans, motorboats, motor homes, recreational vehicles, or motorcycles/mopeds?

OWNER(S)	TYPE OF VEHICLE: YEAR-MAKE-MODEL	CURRENTLY LICENSED	LICENSE #	VALUE \$	EXPLAIN HOW VEHICLE IS USED	DATE ACQUIRED
	VEHICLE ID#	<input type="checkbox"/> YES <input type="checkbox"/> NO		AMOUNT \$ OWED		
OWNER(S)	TYPE OF VEHICLE: YEAR-MAKE-MODEL	CURRENTLY LICENSED	LICENSE #	VALUE \$	EXPLAIN HOW VEHICLE IS USED	DATE ACQUIRED
	VEHICLE ID#	<input type="checkbox"/> YES <input type="checkbox"/> NO		AMOUNT \$ OWED		

- ☐ YES ☐ NO 5. Does anyone have health insurance?

POLICY HOLDER	COMPANY NAME, ADDRESS, PHONE	BEGIN DATE END DATE	ID NUMBER PREMIUM AMOUNT \$	TYPE OF COVERAGE	PERSON(S) INSURED
---------------	------------------------------	------------------------	--------------------------------	------------------	-------------------

☐ YES ☐ NO 6. Does anyone have Medicare?

PERSON INSURED	CLAIM NUMBER	CHECK (✓) <input type="checkbox"/> PART A <input type="checkbox"/> PART B	BEGIN DATE	PREMIUM	PAYMENT METHOD
PERSON INSURED	CLAIM NUMBER	CHECK (✓) <input type="checkbox"/> PART A <input type="checkbox"/> PART B	END DATE BEGIN DATE	\$ PREMIUM	\$ PAYMENT METHOD

☐ YES ☐ NO 7. Does anyone have life insurance, retirement insurance, or other related types of insurance policies? **(Not required for Food Stamps)**

OWNER(S)	PERSON(S) INSURED	COMPANY NAME, ADDRESS, PHONE	TYPE OF POLICY	POLICY NUMBER	FACE VALUE	CASH VALUE	DATE ACQUIRED
					\$	\$	

☐ YES ☐ NO 8. Has anyone sold, transferred or given away any resources in the last 3 months (for **Food Stamps**), in the last 2 years (for **TANF or General Relief**), or resources or **income** in the last five years (for **Medicaid**)? If YES,

explain: _____

C. INCOME Answer for everyone for whom you are applying. For **TANF** and **Medicaid** for children, also provide income information for the child's parent or stepparent living in the home; or any person living with the parent as husband or wife. If the parent is a minor under age 18 (for **TANF**) or under age 21 (for **Medicaid**), also provide information for the parent of the minor parent.

☐ YES ☐ NO 1. Does anyone receive any money from any source? Include money received from self-employment, pensions, income-producing property, support or contributions. If **YES**, give the information requested. If the money is received from working, give employment information.

PERSON RECEIVING MONEY	TYPE OF MONEY	HOW OFTEN RECEIVED	WHEN RECEIVED	GROSS MONTH AMT. BEFORE DEDUCTIONS	EMPLOYER'S NAME, ADDRESS, PHONE NUMBER	EMPLOYMENT BEGIN DATE	HRS/MONTH WORKED
				\$			
				\$			
				\$			
				\$			

☐ YES ☐ NO 2. Has anyone been fired, laid off, gone on sick or maternity leave, gone on strike, quit a job, or reduced hours worked since you applied? If YES, give name and explain: _____☐ YES ☐ NO 3. Does anyone besides the people on your case pay directly for you, help you pay, or lend you money to pay rent, utilities, medical bills or any other bills? OR does anyone totally supply food, shelter or clothing for you or someone else on a regular basis? If **YES**, give name, amount, and explain: _____☐ YES ☐ NO 4. Has anyone applied for or received student financial aid or work-study for a current school term at any college, university, school or training program beyond the high school level, or any school or training program for persons with a physical or mental disability?

NAME OF PERSON	TYPE OF FINANCIAL AID	AMOUNT	PERSONAL COVERED	TUITION FEES	BOOKS SUPPLIED	TRANSPOR-TATION	DEPENDENT CARE	ROOM & BOARD	OTHER (Specify)
		\$	FROM TO	\$	\$	\$	\$	\$	

☐ YES ☐ NO 5. Does anyone have a day care expense for a child, an elderly person, or an adult with a disability? If YES, give name, amount and explain: _____☐ YES ☐ NO 6. Does anyone pay legally obligated child support to someone not in the household? If **YES**, give name of person paying, person supported, and amount: _____

D. FOOD STAMPS

1. List the name of the person who is the head of your household.

NOTE: Refer to the *Temporary Assistance Program Booklet* for additional information.

- ☐ YES ☐ NO 2. Would you like to name one or more authorized representatives who could apply for food stamps for you, pick up or receive your food stamps for you, use your food stamps in grocery stores for you, or receive food stamp correspondence and notices for you?

HEAD OF HOUSEHOLD

NAME, ADDRESS, PHONE NUMBER OF AUTHORIZED REPRESENTATIVE(S)	CHECK (✓) EACH DUTY AUTHORIZED FOR THAT PERSON	
	<input type="checkbox"/> APPLY FOR FOOD STAMPS	<input type="checkbox"/> USE FOOD STAMPS
	<input type="checkbox"/> RECEIVE FOOD STAMPS	<input type="checkbox"/> RECEIVE CORRESPONDENCE

- ☐ YES ☐ NO 3. Is anyone living in your home NOT included in your Food Stamp application? If YES, do you and everyone for whom you are applying usually purchase and prepare meals apart from these people? Or, do you intend to do so if your application for Food Stamps is approved?
Check (✓) ☐ YES ☐ NO

- ☐ YES ☐ NO 4. Is anyone living in your home a roomer or boarder? If YES, list names: _____

- ☐ YES ☐ NO 5. If anyone age 60 or older OR approved to receive Medicaid because of a disability OR receiving any type of disability check? If YES, list all current medical expenses for these people. TALK TO YOUR WORKER BEFORE ANSWERING METHOD OF DEDUCTION.

PERSON WITH EXPENSE	TYPE OF EXPENSE	AMOUNT	NAME, ADDRESS, PHONE NUMBER OF DOCTOR, HOSPITAL, PHARMACY	METHOD OF DEDUCTION
		\$		<ul style="list-style-type: none"> LUMP SUM MONTHLY AVERAGE EXPECTED PAYMENT
		\$		<ul style="list-style-type: none"> LUMP SUM MONTHLY AVERAGE EXPECTED PAYMENT

- ☐ YES ☐ NO 6. Does anyone have any of the following shelter expenses? Check (✓) here ☐ if these expenses are for a house not lived in.

EXPENSES	RENT OR MORTGAGE	TAXES	INSURANCE	ELECTRICITY	GAS	KEROSENE	COAL	OIL	WOOD	WATER/SEWER	GARBAGE	TELEPHONE	INSTALLATION
AMOUNT BILLED	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
HOW OFTEN													
WHO PAYS BILL													

- a. Households which have a heating or cooling expense OR received fuel assistance during this past year can use actual utility expenses or a standard amount for these expenses called the "Utility Standard." Check (✓) which amount you would like to use. ☐ Actual utility expenses ☐ Utility standard If Utility Standard, does anyone living in your home but not in your case help you pay heating/cooling? Check (✓) ☐ YES ☐ NO If YES, explain _____
- b. Households which do not have a permanent residence can use actual shelter expenses or a standard amount for these expenses called the "Standard." Check (✓) which amount you would like to use. ☐ Actual shelter expenses ☐ Shelter standard If temporarily staying in someone else's home, give date moved in _____.

E. FINANCIAL AND MEDICAL ASSISTANCE FOR CHILDREN

☐ YES ☐ NO 1. Has the absent parent(s) changed the amount of financial support, physical care, or guidance regularly provided to the children?

If YES, explain: _____

☐ YES ☐ NO 2. Has the legal parent become disabled such that he or she is unable to work? If YES, explain: _____

☐ YES ☐ NO 3. Do you have any new information that would help us locate the absent parent(s)? If YES, explain; _____

☐ YES ☐ NO 4. Did the stepparent in the home claim a child as a dependent for federal tax purposes?

F. AUXILIARY GRANTS

☐ YES ☐ NO 1. Do you own any household goods or personal effects which are worth more than \$500? If YES, and you did not report these items in the Resource

Section, list the items and their value her: _____

G. CHANGES EXPECTED THIS MONTH OR NEXT: _____**H. VOTER REGISTRATION (FOOD STAMPS, TANF, MEDICAID ONLY)**

ANSWER ONLY IF YOU ARE APPLYING FOR FOOD STAMPS, TANF OR MEDICAID. IF YOU DO NOT RESPOND, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT

REGISTER TO VOTE AT THIS TIME:

Check (✓) one of the following:

YES () NO () If you are not registered to vote where you currently live now, would you like to register to vote here today? By checking this question "yes", I certify that a voter registration application form was given to me to complete. (If you would like help in filling out the vote registration application form, we will help you. The decision to accept help is yours. You also have the right to complete your voter registration application form in private.)

YES () NO () I am already registered to vote at my current address. (If already registered at your current address, you are eligible to register to vote.)

YES () NO () I do not want to apply to register to vote today.

Applying to register or declining to register to vote will not affect the assistance or services that you will be provided by this agency. A decision not to apply to register to vote will remain confidential. A decision to apply to register to vote and the office where your application was submitted will also remain confidential and may be use for voter registration purposes. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register to vote, or your right in applying to register to vote, you may file a complaint with: Secretary of the Virginia State Board of Elections, Ninth Street Office Building, 200 North Ninth Street, Richmond, VA 23219-3497, (804) 788-6551.

Agency Use Only ☐ **Face-to-face interview not required. A voter registration form was mailed**

BY MY SIGNATURE BELOW, I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE FOLLOWING IS TRUE:

I received the Temporary Assistance Programs Booklet when I first applied or at this review. I understand:

- All of my responsibilities listed in the Temporary Assistance Programs Booklet, including my responsibility to report required changes on time.
- If I give false, incorrect, or incomplete information, or do not report required changes on time, I may be breaking the law and could be prosecuted.
- If I helped someone complete this form so as to get benefits he or she is not entitled to, I may be breaking the law and could be prosecuted.
- If I refuse to cooperate with any review of my eligibility, including reviews by Quality Control, my benefits may be denied until I cooperate.
- If my application is for Food Stamps, failure to report or verify any of my expenses will be seen as a statement by my household that I do not want to receive a deduction for unreported expenses.

All information on this form is correct and complete to the best of my knowledge and belief.

My signature authorizes the release to this agency of all information necessary to both determine and review my eligibility AND the release of any medical or psychological information obtained from any source to the state or local agency that may review this application for financial or medical assistance. This authorization is valid for one year from the date of my signature below. I understand that this time limit does not apply to investigations regarding possible fraud.

I filled in this application myself: ☐ YES ☐ NO If NO, it was read back to me when complete: ☐ YES ☐ NO

YOUR SIGNATURE OR AUTHORIZED REPRESENTATIVE'S SIGNATURE OR MARK	DATE	SPOUSE'S SIGNATURE OR MARK (NOT NEEDED FOR FOOD STAMPS)	DATE
WITNESS TO MARK OR INTERPRETER	DATE	WORKER'S SIGNATURE	DATE

Complete the box below if this application was completed for the applicant by someone else.

NAME OF PERSON COMPLETING APPLICATION	DATE	ADDRESS
PHONE NUMBER (HOME) (WORK)	RELATIONSHIP TO APPLICANT	

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Commonwealth of Virginia
Department of Social Services

EVALUATION OF ELIGIBILITY

1. GENERAL INFORMATION		PROGRAM	APPLCIATION DATE	INTERVIEW DATE
CASE NAME	CASE NUMBER			
SECONDARY CASE NAME	SECONDARY CASE NUMBER			
IdENTITY (NAME)	VERIFICATION			
HEAD OF HOUSEHOLD ADULT PARENT/PARENTAL CONTROL? <input type="checkbox"/> Y <input type="checkbox"/> N DESIGNATED BY HH <input type="checkbox"/> AGENCY		FACE-TO-FACE INTERVIEW <input type="checkbox"/> Y <input type="checkbox"/> N IF NO, REASON:		
ADDRESS	SECONDARY ADDRESS TYPE	INSTITUTIONAL STATUS Date Entered NF CBC ACR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
VERIFICATION/REMARKS	VIRGINIA <input type="checkbox"/> Y <input type="checkbox"/> N RESIDENT?	ACR/AFC RATE:	DMAS-96 <input type="checkbox"/> Y <input type="checkbox"/> N SAR <input type="checkbox"/> Y <input type="checkbox"/> N	

2. MEMBER INFORMATION

HH/UNIT MEMBERSHIP CHECK (✓) IF INCLUDED							PERMANENT VERIFICATIONS CHECK (✓) IF REQ. MET				FSET/ESP/VIEW REGISTRATION OR REFERRAL	ATENDING SCHOOL?	DEPRIVATION (MED - ONLY EFF 7/1/99)	IMMUNIZATION REQUIREMENT MET?
NAME OR MBR#	FS	TANF	MED	AG	MEDICAID/AG CATEGORY	OTHR (LIST)	SSN	DOB	CIT	REL	IF YES, DATE IF NO, REASON	DOCUMENT TRUANCY	GIVE REASON	GIVE VERIFICATION
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

NAME	PROGRAM	REASON FOR EXCLUSION, DISQUALIFICATION OR INELIGIBILITY	TIME PERIOD

ASSIGNMENT OF RIGHTS <input type="checkbox"/> Y <input type="checkbox"/> N	NOTICE OF COOPERATION AND GOOD CAUSE SIGNED <input type="checkbox"/> Y <input type="checkbox"/> N IDENTITY EXCEPTION CLAIMED: <input type="checkbox"/> Y <input type="checkbox"/> N	GOOD CAUSE <input type="checkbox"/> Y <input type="checkbox"/> N	LIVING WITH SPECIFIED RELATIVE/GUARDIAN <input type="checkbox"/> Y <input type="checkbox"/> N
DEPRIVATION, TRUANCY, PREGNANCY, CONCEPTION/DELIVERY DATE, FSOTER CARE/ADOPTION STATUS, DISABILITY/BLINDNESS OR TOHER DOCUMENTATION			

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3. MEDICAID

RETROACTIVE DETERMINATION NECESSARY? <input type="checkbox"/> Y <input type="checkbox"/> N RETROACTIVE PERIOD _____	POTENTIALLY PROTECTED MEMBERS PROTECTED MEMBERS (INCLUDED STATUS)	COMMUNITY SPOUSE? <input type="checkbox"/> Y <input type="checkbox"/> N
--	--	--

4. DOCUMENTATION OF UNIT OR HH MEMBERSHIP, MEDICAID PROTECTED STATUS, VOLUNTARY QUIT, WORK REDUCTION, WORK REQUIREMENT.

--

5. RESOURCES (EVALUATE SAVINGS ACCOUNT FOR SCHOOL EXPENSES, DOWN PAYMENT ON HOUSE OR TO START A BUSINESS)

CASH <input type="checkbox"/> Y <input type="checkbox"/> N			ACCOUNTS <input type="checkbox"/> Y <input type="checkbox"/> N			STOCKS/BONDS TRUST FUNDS <input type="checkbox"/> Y <input type="checkbox"/> N			PENSION PLANS RETIREMENT <input type="checkbox"/> Y <input type="checkbox"/> N			PROGRAM(S)			
MBR	TYPE	AMOUNT	INSTITUTION, ACCT NAME, ACCT#						VERIFICATION CALCULATIONS						
												COUNTABLE			

PROMISSORY NOTES/DEEDS OF TRUST ☐ Y ☐ N BURIAL ☐ Y ☐ N PERSONAL PROPERTY ☐ Y ☐ N REAL PROPERTY ☐ Y ☐ N
PROGRAM(S)

MBR	TYPE	AMOUNT	ADDITIONAL EXPLANATION, VERIFICATION CALCULATIONS												
												COUNTABLE			

VEHICLES ☐ Y ☐ N DMV ☐ MATCH ☐ NO MATCH DATE _____ PROGRAM(S)

MBR	YEAR, MAKE, MODEL	USE	FMV	FS LIMIT	EXCESS	LIEN	EQUITY	VERIFICATION, CALCULATIONS							
												COUNTABLE			

HEALTH INSURANCE ☐ Y ☐ N MEDICAID: HIPPA APPLICATION, MEDICAL QUESTIONNAIRE COMPLETED ☐ Y ☐ N

MBR	TYPE	COMPANY	POLICY ID#	VERIFICATION			PREMIUM

VIRGINIA DEPARTMENT
OF SOCIAL SERVICES

EVALUATION
OF ELIGIBILITY

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LIFE INSURANCE ☐ Y ☐ N (NOT APPLICABLE FOR FOOD STAMPS)

PROGRAM(S)

MBR	OWNER	TYPE	FACE \$	CASH \$	COMPANY ACCT#	VERIFICATION			
						COUNTABLE			

6. TRANSFER OF RESOURCES ☐ Y ☐ N MEDICAID. ALSO EVALUATE TRANSFER OF INCOME

MBR	TYPE DATE	VALUE	AMOUNT	VERIFICATION, CALCULATION OF PERIOD OF INELIGIBILITY	
					FS TANF MED _____

7. EARNED INCOME ☐ Y ☐ N

PROGRAM(S)

MBR	ICNOME SOURCE	DATE REC'D	AMOUNT	FREQUENCY	HRS/WK	VERIFICATION			
						COUNTABLE			

8. UNEARNED INCOME ☐ Y ☐ N

PROGRAM(S)

MBR	ICNOME SOURCE	DATE REC'D	AMOUNT	FREQUENCY	VERIFICATION			
					COUNTABLE			

VEC ☐ MATCH ☐ NO MATCH DATE _____ SVES ☐ MATCH ☐ NO MATCH DATE _____ APECS ☐ MATCH ☐ NO MATCH DATE _____

CALCULATIONS (DOCUMENT DISREGARDS, INCOME SCREENINGS, SELF EMPLOYMENT EXPENSES, SCHOOL EXPENSES, CHILD SUPPORT)

APPLICATION FOR OTHER BENEFITS: () SSA () SSI () UCB () VA () OTHER _____

TOTAL COUNTABLE RESOURCES			
FS	TANF	MEDICAID	
\$	\$	\$	\$

TOTAL COUNTABLE INCOME			
FS	TANF	MEDICAID	
\$	\$	\$	\$

EVALUATION
OF ELIGIBILITY

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DAY CARE EXPENSES ☐ Y ☐ N CHILD SUPPORT DEDCUTION ☐ Y ☐ N

MBR	MO. AMT.	DESCRIPTION VERIFICATION
MEDICAL EXPENSES <input type="checkbox"/> Y <input type="checkbox"/> N		
MBR	MO. AMT.	DESCRIPTION, VERIFICATION, METHOD OF DEDUCTION

10. GENERAL RELIEF (MAINTENANCE)

11. EMERGENCY ASSISTANCE () GR () TANF-EA

Date and Reason for Emergency:

Assistance Previously Received ☐ Y ☐ N

Date and Amount Received:

MBR	Services Dates	Provider Name	Applied within 30 days? <input type="checkbox"/> Y <input type="checkbox"/> N
-----	----------------	---------------	--

<p>Loss/Delay of Income <input type="checkbox"/> Y <input type="checkbox"/> N TANF Requirement Met <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Emergency Need \$ _____ Type _____</p> <p>TANF \$ _____ Payment \$ _____ Date Issued _____ (Min. 4 months)</p> <p>Vendor Payment Issued to: _____</p> <p>TANF Period of Ineligibility: _____</p> <p>Diversionary Assistance Ineligibility (60 mos.) Ends. _____</p> <p>Acceptance Signed: <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____</p>	<p>EVALUATION:</p>
--	--------------------

COUNTABLE INCOME	\$ _____	\$ _____	\$ _____	SPEND-DOWN PERIOD: _____
				FROM TO
MINUS INCOME LEVEL	_____	_____	_____	Person(s) on Spend-down: _____
EXCESS INCOME	_____	_____	_____	Person(s) on Spend-down: _____

FOOD STAMPS
HOTLINE

MEDICAID
HANDBOOK

PROGRAM	DISPOSITION (Denial Resources)	EFFECTIVE DATE/ CERT. COVERED PERIOD	HH/AU SIZE	MONTHLY BENEFITS	PRORATED BENEFITS	SIGNATURE AND DATE (WORKER/SUPERVISOR)

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

FOOD STAMP PROGRAM – HOTLINE INFORMATION

NAME OF APPLICANT: _____

YOUR DATE OF APPLICATION: _____

**THE DATE THE AGENCY MUST GIVE YOU
YOUR FOOD STAMPS OR A DECISION:** _____

☐ IF THIS BOX IS CHECKED, YOUR APPLICATION IS ENTITLED TO EXPEDITED SERVICE
(7 DAY SERVICE)

If you don't get your food stamps or a decision by this date, you should call the Client Services Hotline for immediate help. The Hotline is open Monday through Friday, except holidays, from 8:15 a.m. to 5:00 p.m. The numbers are:

For the Richmond Calling Area: **692-2198**

For the Rest of Virginia: **1-800-552-3431**

Once you have called this number, you must be told by the next business day that you are either eligible or ineligible. If you are told that you are eligible, food stamps will be provided the next business day. However, if you call before 3:00 p.m. on Thursday or Friday and are eligible, food stamps will be provided on the next business day.

If you are not satisfied with the action the local agency took on your application, or if there are other problems with your Food Stamp case, you may contact the local legal aid office in your area. Name and addresses of legal aid offices are on the back of this flyer.

In order to determine if you are eligible for food stamp benefits, the agency may ask you to verify certain information. If you have provided the required verifications, you should either have your food Stamp benefits or receive a denial notice within 30 days from the day you filed your application.

If you are in an emergency situation, you should have your food stamp benefits within 7 days. This is called "expedited service." Your application will be given expedited service if:

- Your household's monthly income is less than \$150, and resources are \$100 or less; or
- Total income and resources are less than your shelter bills; or
- A migrant or seasonal farmworker lives in your household, and you have little or no income or resources.

NAME OF WORKER COMPLETING THIS FORM

WORKER'S TELEPHONE

032-03-819/6 (11/01)

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Blue Ridge Legal Services, Inc.
204 North High Street
Harrisonburg, VA
1-800-237-0141

Charlottesville-Albemarle
Legal Aid
105 Fourth Street, SE. Suite A
Charlottesville, VA
804-977-0553
1-800-763-7323

Legal Aid Society of
Roanoke Valley
203 North Main Street
Lexington, VA
540-463-7334

Legal Services of Northern VA
6400 Arlington Boulevard
Suite 630
Falls Church, VA
703-532-3733

Legal Services of Northern VA
9240 Center Street
Manassas VA
703-368-5711

Rappahannock Legal
Services, Inc.
314 North West Street
Culpeper VA
540-825-3131

Rappahannock Legal
Services, Inc.
PO Box 1662
Tappahannock, VA
1-800-572-3094

Tidewater Legal Aid Society
1417 North Battlefield, Suite 244
Chesapeake, VA
757-457-8603

Tidewater Legal Aid
3500 VA Beach Blvd.
Virginia Beach, VA
757-552-0026

Virginia Legal Aid
Society, Inc.
104 High Street
Farmville VA
804-392-8108
1-800-552-7676

Virginia Legal Aid
Society, Inc.
PO Box 882
Martinsville VA
540-632-8428
1-800-552-7676

Blue Ridge Legal Services, Inc.
139 North Loudoun Mall
Winchester VA
540-662-5021

Client Centered Legal
Services of SW Virginia, Inc.
PO Box 147
Castlewood VA
1-800-201-2772

Legal Aid Society of
Roanoke Valley
416 Campbell Avenue, SW
Roanoke VA
540-344-2088

Legal Services of Northern VA
4080 Chainbridge Road
Fairfax VA
703-246-4500

Legal Services of Eastern VA
36314 Lankford Highway, Suite 5
PO Box 306
Belle Haven VA
757-442-3014

Rappahannock Legal
Services, Inc.
910 Princess Anne Street
Fredericksburg VA
540-371-1105

Southside Virginia Legal
Services, Inc.
10-A Bollingbrook
Petersburg VA
804-862-1100

Tidewater Legal Aid Society
125 St. Paul's Boulevard
Norfolk VA
757-627-5423

Virginia Legal Aid
Masonic Temple Bldg.
Suite 517
Danville VA
804-799-3550
1-800-552-7676

Virginia Legal Aid
Society, Inc.
129 South Main Street
Halifax VA
1-800-552-7676

Virginia Legal Aid
Society, Inc.
140 West Washington St.
Suffolk VA
757-539-3441
1-800-552-7676

Central VA Legal Aid Society
101 West Broad Street, Suite 101
Richmond VA
804-648-1012

Legal Aid Society of the
New River Valley, Inc.
155 Arrowhead Trail
Christiansburg VA
540-382-6157

Legal Services of Northern VA
110 North Royal Street
Suite 505
Alexandria VA
703-684-5566

Legal Services of Northern VA
3 Royal Street, SE
Leesburg VA
703-777-7450

Legal Services of Eastern VA
2017 Cunningham Dr. Suite 300
Hampton VA
757-827-5078
1-800-944-6624

Williamsburg Legal Aid Branch
199 Armistead Avenue
Williamsburg VA 23185
757-220-6837

Southwest Virginia Legal
Aid Society, Inc.
227 West Cherry Street
Marion VA
1-800-277-6754

Tidewater Legal Aid
200 High Street
Suite 308
Portsmouth VA
757-397-3463

Virginia Legal Aid
Society, Inc.
412 South Main Street
Emporia VA
804-634-5172
1-800-552-7676

Virginia Legal Aid
513 Church Street
Lynchburg VA
804-528-4722

Piedmont Legal Services
416 E. Main Street,
Suite 201
Charlottesville VA
804-296-8851

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FOOD STAMP PROGRAM - HOTLINE INFORMATION

FORM NUMBER - 032-03-819

PURPOSE AND USE OF FORM - To inform each household of the timeframe the agency has to process its application.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The agency must complete the form and give it to the household on the day of application for **benefits for any period for which the household has not already received benefits, i.e., new application, reapplication, or late recertification.** The agency must mail the form if the household filed the application by mail.

INSTRUCTIONS FOR PREPARATION OF FORM -

The local agency must complete all blanks on the form.

Enter the name of the person filing the application at "Name of

Enter the date the household filed the application at "Your Date of

At "The Date the Agency Must Give You Your Food Stamps or Decision," enter the date that is 30 days from the date of application, unless the applicant is entitled to expedited service. If expedited service is appropriate, the date for this blank will be 7 days from the application date.

If the application is expedited, the worker checks the block indicating that entitlement.

Enter the information requested at "Name of Worker Completing This Form."

The worker must circle the name and number of the legal aid office serving the locality on the back of the flyer.

**DEPARTMENT OF SOCIAL SERVICES
FOOD STAMP PROGRAM**

KNOW YOUR RIGHTS WHEN APPLYING FOR FOOD STAMPS

If you are interested in applying for Food Stamps, here is information you need to know:

Persons applying for Food Stamps must file an application by submitting the application form to the Department of Social Services in the county or city where they live, either in person, through an authorized representative, or by mail.

You have the right to file an application on the same day you contact the Department of Social Services in your locality. The address and hours of the office are shown at the bottom of this notice. Your application may be submitted any time during office hours.

You may come to the office to pick up an application any time during office hours, or the agency can mail you an application on the same day you request it.

If your resources and income are very low (\$100 in resources and \$150 in income), or you are a migrant or seasonal farmworker, or your combines gross monthly income and resources are less than your family's shelter expenses, you may be eligible for expedited service. This means that if you are eligible, you are entitled to receive food stamps within 7 days following the date your application is filed at the local social services department.

Your Application will be reviewed on the day it is received for possible eligibility for expedited service.

You have the right to file an application even if you appear to be ineligible for the program.

You or a designated authorized representative may file an incomplete application as long as it contains a name, address, and signature of a responsible household member or properly designated authorized representative. The agency has 30 days to process your application (7days, if expedited). The 30-day (or 7-day, if expedited) processing time begins the day after the application is received at the office. Additionally, your food stamp benefits for the month of application will be prorated from the date of application if you are found eligible.

If your case is approved, you must receive your benefits within 30 days following the date of application (or 7 days, if expedited)

As part of the Food Stamp application process, you will be required to have an in-office interview before being certified, but the interview is not necessary before filing an application. Under certain hardship conditions, you may request the office interview be waived and replaced, for example, by a telephone interview.

The Food Stamp Program has separate rules and processes from other programs. You should apply for food stamps even if there are limitations on receiving benefits for other programs.

YOU ARE ENCOURAGED TO APPLY FOR FOOD STAMPS THE SAME DAY YOU CONTACT THE AGENCY FOR ASSISTANCE.

AGENCY NAME:

ADDRESS:

PHONE NUMBER:

OFFICE HOURS:

The Food Stamp Program is administered without regard to age, race, color, sex, disability, religious creed, national origin, or political beliefs. The Virginia Department of Social Services is an equal opportunity provider.

KNOW YOUR RIGHTS WHEN APPLYING FOR FOOD STAMPS

FORM NUMBER - 032-03-821

PURPOSE OF FORM - To consolidate information the local agency must share with an applicant for food stamps. The Form's use is optional.

USE OF FORM - May be given to applicants requesting food stamp program information instead of a verbal explanation of applicants' rights. The agency must advise applicants that the form is a listing of program rights. The agency must also ensure that the applicant is able to read the form in English and comprehend it.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The flyer may be given to applicants inquiring about the Food Stamp Program.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the bottom of the form, supplying the local agency's name, address, telephone number, and office hours.

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
FOOD STAMP PROGRAM

EXPEDITED SERVICE CHECKLIST

NAME: _____

DATE: _____

- I. ☐ YES ☐ NO Has anyone for whom you are applying received food stamps this month?

If YES, who: _____

where: _____

- II. INCOME BEFORE DEDUCTIONS this month for everyone in your household. Count money already received plus any money expected to be received during this month.

Type of Income

_____ \$ _____

_____ \$ _____

- III. RESOURCES for everyone in your household:

Cash on Hand \$ _____

Checking Accounts \$ _____

Savings Accounts \$ _____

- IV. SHELTER EXPENSES this month. Do not count amounts due for previous months:

Rent/Mortgage \$ _____

Electricity \$ _____

Gas, Oil, Kerosene, Wood \$ _____

Water, Sewer \$ _____

Garbage \$ _____

Telephone (count basic service only) \$ _____

- V. ☐ YES ☐ NO Is anyone in your household a Migrant or a Seasonal Farmworker?

AGENCY USE ONLY

1. ☐ YES ☐ NO Is income less than \$150 AND resources \$100 or less?

IF YES, EXPEDITE

2. ☐ YES ☐ NO Is income plus resources less than shelter?

Income \$ _____

Resources +\$ _____

Total \$ _____

Shelter \$ _____

IF YES, EXPEDITE

NOTE: If the household is entitled to the Utility Standard, the Standard may be used to determine Shelter, unless the household chooses to use actual shelter costs.

FOR MIGRANT & SEASONAL FARMWORKERS

- 3A. ☐ YES ☐ NO Are resources \$100 or less AND, in the next 10 days, \$25 or less is expected from new income source?

IF YES, EXPEDITE

- 3B. ☐ YES ☐ NO Are resources \$100 or less AND no income is expected from a terminated source this month or next month?

IF YES, EXPEDITE

DETERMINATION

☐ EXPEDITED ☐ NOT EXPEDITED

Screened by: _____

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EXPEDITED SERVICES CHECKLIST

FORM NUMBER - 032-03-718

PURPOSE OF FORM - To assist agencies in screening households for entitlement to expedited services.

USE OF FORM - To be completed, as needed, at the time of **a new** application, reapplication **or a late recertification** to identify households who are eligible for expedited services.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - File in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Obtain the information on the left side of the form from the applicant. The applicant, eligibility worker, screener, volunteer, or anyone else designated by the agency, may complete the left side of form.

Agency personnel must complete the "Agency Use Section". The form identifies each of the ways a household could be eligible for expedited service. If a household is entitled to expedited services, the EW must conduct an interview and authorize benefits within the expedited service time frames. Note however, that the interview may be postponed under certain circumstances.

NOTE: This form was developed to assist in screening households for expedited services. Agencies which use appointment systems for interviews must screen all applicants to ensure that those entitled to expedited services are given appointments and delivered benefits within expedited time frames. Agencies which interview clients on a walk-in, daily basis may not necessarily need to use this checklist, since determination for expedited service can be made during the interview.

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
FOOD STAMP PROGRAM

ENTITLEMENT TO RESTORATION OF LOST BENEFITS

€

Ⓔ

CASE NUMBER	
DATE	
LOCALITY	WORKER

€

Ⓔ

- ☐ YOU ARE ENTITLED TO A RESTORATION OF BENEFITS BECAUSE YOUR PRIOR ALLOTMENT WAS INCORRECTLY CALCULATED OR YOU WERE DENIED IMPROPERLY.

TOTAL AMOUNT OWED \$ _____ MONTH(S) RESTORATION COVERS _____

REASON _____

- ☐ IF THIS BLOCK IS CHECKED, YOU WERE OVERISSUED FOOD STAMPS, YOUR RESTORATION WAS REDUCED BY THE AMOUNT YOU WERE OVERISSUED.

AMOUNT YOU WERE OVERISSUED \$ _____ AMOUNT YOU ARE ENTITLED TO RECEIVE \$ _____

- ☐ YOUR REQUEST FOR RESTORATION OF BENEFITS, DATED _____ WAS DENIED DUE TO

IF YOU DO NOT AGREE WITH THIS DECISION, YOU CAN REQUEST A FAIR HEARING. AT THE HEARING, YOU WILL HAVE A CHANCE TO EXPLAIN WHY YOU THINK WE MADE A MISTAKE. A HEARING OFFICER WILL DECIDE IF YOU ARE RIGHT. TO REQUEST A FAIR HEARING, OR IF YOU WANT TO KNOW MORE ABOUT HOW A FAIR HEARING WORKS.. CALL YOUR WORKER AT THE NUMBER SHOWN BELOW, OR CALL TOLL FREE 1-800-552-3431, OR WRITE TO:

**HEARINGS AND LEGAL SERVICES MANAGER
VIRGINIA DEPARTMENT OF SOCIAL SERVICES
730 EAST BROAD STREET
RICHMOND, VIRGINIA 23219-1849**

IF YOU WANT TO REQUEST A FAIR HEARING, YOU MUST DO SO WITHIN 90 DAYS FROM THE DATE OF THIS NOTICE.

FOR ADDITIONAL INFORMATION ABOUT APPEALS AND FAIR HEARINGS, PLEASE SEE THE BACK OF THIS NOTICE.

ELIGIBILITY WORKER	TELEPHONE NUMBER	FOR FREE LEGAL ADVICE CALL
--------------------	------------------	----------------------------

032-03-153/10 (10/01)

CLIENT

APPEALS AND FAIR HEARINGS

A fair hearing provides you opportunity to review the way a local social services agency has handled your situation concerning your stated need for food stamps. The fair hearing is a private, informal meeting at the local social services agency with you and anyone you wish to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer. The hearing officer is the official representative of the State Department of Social Services.

In addition to filing an appeal, you have the right to request a conference with your local social services agency, at which time the agency must give you an explanation of its proposed action. You must also be given the opportunity to present any information on which your disagreement with the agency's proposed action is based. At such a conference, you have the right to have your story presented by an authorized representative, such as a friend, relative, or lawyer.

If you request the conference within 10 days of receipt of your advance notice of proposed action to decrease or terminate your food stamps, the proposed action will not be taken until a decision is made at your conference.

If you are not satisfied with the local social services agency's action following the conference, and you want to request that your food stamps be continued as usual until a hearing decision is received, you must file an appeal within two days following the date of the conference. If you do not request a conference but file your appeal within 10 days of your advance notice of action to decrease or terminate your food stamps, your benefits may be continued until a hearing decision is reached. However, if the agency action is upheld, you will be required to repay assistance received during the appeal process.

If you request an appeal concerning food stamps, the local social service agency must offer you a conference after your appeal is filed.

If you wish to request a hearing, follow the instructions on the front of this form.

The person who conducts the hearing is someone from the State Department of Social Services, not someone from your local social services agency. The hearing officer makes a decision on your appeal.

You will be notified of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call your service or eligibility worker immediately. If you need transportation, the local agency will provide it. You must bring a representative and/or witness to the hearing to help you tell your story. Your service or eligibility worker, a local agency supervisor, and possibly other agency staff who know about your case may also be at the hearing to tell how the agency's decision was reached.

At the hearing, you and/or your representative will have the opportunity to:

- (1) examine all documents and records which are used at the hearing;
- (2) present your case or have it presented by a lawyer or by another authorized representative;
- (3) bring witnesses;
- (4) establish pertinent facts and advance arguments; and
- (5) question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

The decision or recommendation of the hearings officer shall be based exclusively on evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In such an event, you and the local social services agency would be given the opportunity to question or refute this additional information.

You will be notified in writing of the hearing officer's decision on your appeal within 60 days of the date your appeal request is received by the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency, consequently, if you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you desire free legal advice you may contact your local legal aid office.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF BENEFIT PROGRAMS

CASE NUMBER

NON-RECEIPT AFFIDAVIT/EBT CARD REPLACEMENT REQUEST

FS CASE NAME	DATE	LOCALITY
ADDRESS	CITY, STATE, ZIP	

<p>CHECK (✓) THE BOX BELOW WHICH DESCRIBES THE REPLACEMENT REASON:</p> <p><input type="checkbox"/> Non receipt of authorization to participate (EBT) card</p> <p><input type="checkbox"/> EBT card destroyed/stolen</p> <p><input type="checkbox"/> Food destroyed in a household disaster</p>	<p>How was the EBT card of food destroyed or damaged?</p>
<p>Value of destroyed food</p>	<p>If the EBT card was stolen, have you filed a police report?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Where filed? _____</p> <p>Date: _____</p>

I hereby certify, under penalty of perjury and/or fraud, that the household listed above has not received its electronic benefits transfer (EBT) card or has experienced the destruction of food, the destruction of the EBT card, or has experienced the theft of an EBT card in the month of _____, (year)

Signature

Date

The Virginia Department of Social Services is an equal opportunity provider.

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NON-RECEIPT AFFIDAVIT/EBT Card Replacement Request

FORM NUMBER - 032-03-388

PURPOSE AND USE OF FORM - This form will allow the local agency to assess the reason for a replacement of an EBT card or determine the value of food destroyed. Depending on the reason for the loss, the local agency may credit the card replacement fee back to the household's EBT account or provide additional food stamp benefits to cover the value of food destroyed.

USE OF FORM - The local agency must provide the affidavit to households that request the form or who request a credit of the card replacement fee. The agency must provide the form to households that report the loss or destruction of the EBT card due to a reason for which the local agency may credit the card replacement fee. The agency must also provide the form to households that report a household disaster that resulted in the loss of food purchased with food stamp benefits.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The local agency must provide a copy of the completed form to the household and file a copy in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Local agency staff should complete the identifying case information at the top of the form. A household member or an authorized representative must complete or provide information for the bottom section regarding the replacement of the EBT card or food destroyed. A household member must sign and date the form.

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF BENEFIT PROGRAMS

INTERNAL ACTION AND VAULT EBT CARD AUTHORIZATION

TO: _____ Vault Card Issuance Unit _____ EBT Administrative Terminal Personnel Date ____/____/____
FROM Eligibility Worker/Supervisor: _____ Telephone Number: _____
RE: Case Name: _____ Case Number: _____

- I. ☐ Authorization for a Vault EBT Card
Vault card reason: (1) ____ Timely processing (2) ____ Household emergency (3) ____ Agency determination

Case Name Social Security Number _____ Case Name Birth Date ____/____/____

- II. ☐ Authorization for crediting the card replacement fee to the household's account

Reason: ☐ Household disaster: ☐ Lost in the mail ☐ Household Violence
☐ Improperly manufactured ☐ Reapplication, no card ☐ Cardholder name changed

- III. ☐ Convert balance to coupons. ☐ ADAPT address confirmed with household.

- IV. ☐ Reactivate dormant EBT account.

Issuance/Administrative Unit Use

- I. EBT Vault Card Number: _____ Card destroyed on ____/____/____

Type of identification seen:

- ☐ Driver's License ☐ Rent/Utility Bill/Receipt ☐ School ID Card
☐ Work ID Card ☐ Library Card ☐ Social Security Card
☐ Other _____

I acknowledge that I received my EBT card. I understand that I need to select a Personal Identification Number to use my benefits.

Cardholder's Signature

Date

I acknowledge that I am receiving the EBT card. I understand that I need to select a Personal Identification Number to use my benefits.

Cardholder's Signature

Date

- ☐ Cardholder failed to pick up vault card

- ☐ Card destroyed
☐ Vault card not prepared
☐

- II. Replacement fee credited on ____/____/____.

- III. Benefits converted on ____/____/____.

- IV. EBT account reactivated on ____/____/____.

Completed by _____
Issuance/Administrative Worker Date

Internal Action and Vault EBT Card Authorization

FORM NUMBER - 032-03-387

PURPOSE OF FORM - The Eligibility Unit will use this form to communicate with the Issuance or Administrative Unit in the local agency.

USE OF FORM - The EW must complete the top portion of the form to authorize the Issuance Unit to prepare and issue a vault card to an eligible household or for the Issuance Unit to convert benefits in the EBT account to coupons. The Eligibility Supervisor must complete the top portion of the form to authorize the Issuance or Administrative Supervisor, as designated by the agency, to credit the card replacement fee to a household's EBT account. The Issuance or Administrative Unit must complete the bottom portion of the form to document the action taken. The primary cardholder must also sign the form to acknowledge receipt of the vault card.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The Eligibility Worker or Supervisor must retain a copy of the form and forward the remaining copies to the Issuance or Administrative Unit for completion. The Issuance or Administrative Unit must retain a copy of the fully completed form and return the second copy to the Eligibility Unit. Upon receipt of the form, the Eligibility Worker or Supervisor must file the copy in the casefile. The initial copy completed only by the Eligibility Unit may be discarded.

INSTRUCTIONS FOR PREPARATION OF FORM - The Eligibility Worker or Supervisor must complete the identifying case and unit information. The EW must complete Sections I, III and IV. The EW must note the reason why a vault card is necessary. The Eligibility Supervisor must complete Section II to authorize the crediting of the card replacement fee back to the household's EBT account.

The Issuance Unit must promptly act to prepare a vault card or convert the benefits for a household upon receipt of the form completed by the Eligibility Unit. The Issuance Worker must obtain and record identity verification before releasing the vault card and secure the signature of the cardholder on the form.

The Eligibility Worker may authorize the reactivation of a dormant account using the Internal Action and Vault EBT Card Authorization form. The Primary Cardholder may also contact the Issuance or Administrative Worker directly to request the reactivation of the account.

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The completed form must remain with a prepared vault card until the cardholder comes to the agency. The Issuance Unit must destroy the card after five business days if the cardholder does not receive it or make additional arrangements to receive the card. The Issuance Worker must note the date of the destruction of the card on the form. If the agency opts to wait until the cardholder comes to pick up the vault card before preparing the card, the Issuance Unit must notify the EW if the cardholder fails to obtain the card within five business days after the initial authorization by the certification unit.

The supervisor of the Issuance or Administrative Unit, as determined by the agency, must complete the section to credit the card replacement fee back to the household's EBT account.

The Issuance or Administrative Worker or Supervisor must sign and date the form.

TRANSMITTAL #54

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
FOOD STAMP PROGRAM

FOOD STAMP SANCTION NOTICE FOR NON-COMPLIANCE WITH A WORK REQUIREMENT

☐

☐

CASE NUMBER	
LOCALITY	
WORKER	DATE

☐

☐

NAME: _____

- VOLUNTARILY AND WITHOUT GOOD CAUSE QUIT A JOB.
- VOLUNTARILY AND WITHOUT GOOD CAUSE REDUCED THE HOURS WORKED TO LESS THAN 30 HOURS PER WEEK.
- REFUSED OR FAILED TO COMPLY WITH THE FOLLOWING EMPLOYMENT PROGRAM REQUIREMENT:

AS A RESULT, THE FOLLOWING SANCTION WILL BE APPLIED IN YOUR FOOD STAMP CASE.

- THE PERSON NAMED ABOVE IS DISQUALIFIED AND WILL NOT BE ELIGIBLE TO RECEIVE FOOD STAMP BENEFITS FOR THE MONTHS OF _____. HOWEVER, IF THE PERSON REFUSED OR FAILED TO COMPLY WITH AN EMPLOYMENT PROGRAM REQUIREMENT, THE PERSON MUST COMPLY WITH THAT REQUIREMENT IN ORDER TO RECEIVE FOOD STAMP BENEFITS.
- YOUR HOUSEHOLD'S FOOD STAMP ALLOTMENT OF \$_____ WILL BE CHANGED TO \$_____ EFFECTIVE _____.
- YOUR ENTIRE HOUSEHOLD WILL NOT BE ELIGIBLE TO RECEIVE FOOD STAMP BENEFITS FOR THE MONTHS OF _____. HOWEVER, IF THE PERSON NAMED ABOVE REFUSED OR FAILED TO COMPLY WITH AN EMPLOYMENT PROGRAM REQUIREMENT, THE PERSON MUST COMPLY WITH THAT REQUIREMENT IN ORDER FOR YOUR HOUSEHOLD TO RECEIVE FOOD STAMP BENEFITS.

THE SANCTION INDICATED ABOVE CAN BE LIFTED BEFORE THE END OF THE SANCTION PERIOD IF YOUR HOUSEHOLD IS OTHERWISE ELIGIBLE AND THE PERSON NAMED ABOVE LEAVES THE HOUSEHOLD OR BECOMES EXEMPT FROM THE REQUIREMENT TO REGISTER FOR WORK.

IF YOU DO NOT AGREE WITH THE PROPOSED ACTION, YOU MAY WRITE OR CALL YOUR WORKER, WHOSE NAME, ADDRESS AND PHONE NUMBER APPEAR BELOW, AND ASK FOR A CONFERENCE OR, YOU CAN HAVE A FAIR HEARING ON YOUR CASE. AT THE HEARING YOU WILL HAVE A CHANCE TO EXPLAIN WHY YOU THINK WE MADE A MISTAKE, AND A HEARING OFFICER WILL DECIDE IF YOU ARE RIGHT. TO REQUEST A FAIR HEARING, JUST CALL OR WRITE YOUR WORKER, OR WRITE **TO THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES, 730 EAST BROAD STREET, RICHMOND, VIRGINIA 23219-1849, ATTENTION: HEARING AND LEGAL SERVICES MANAGER.** PLEASE SEE THE BACK OF THIS FORM FOR AN EXPLANATION OF HEARINGS.

YOU CAN ALSO REQUEST A FAIR HEARING BY CALLING TOLL FREE 1-800-552-3431. YOU MUST REQUEST YOUR FAIR HEARING WITHIN 90 DAYS. IF YOU APPEAL THE ACTION ON YOUR CASE BEFORE _____ ASSISTANCE MAY CONTINUE. HOWEVER, IF ASSISTANCE IS CONTINUED, YOU MAY HAVE TO REPAY BENEFITS YOU RECEIVED DURING THE APPEAL PROCESS IF THE HEARING DECISION SUPPORTS THE AGENCY ACTION.

Eligibility Worker:	Agency Address	Agency Phone
For Free Legal Advice Call:		This Number is a Local Legal Services Agency

APPEALS AND FAIR HEARINGS

A fair hearing provides you opportunity to review the way a local social services agency has handled your situation concerning your stated need for food stamps. The fair hearing is a private, informal meeting at the local social services agency with you and anyone you wish to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer.

In addition to filing an appeal, you have the right to request a conference with your local social services agency, at which time the agency must give you an explanation of its proposed action. You must also be given the opportunity to present any information on which your disagreement with the agency's proposed action is based. At this conference, you have the right to have your story presented by an authorized representative, such as a friend, relative, or lawyer.

If you request the conference within 10 days of receipt of your advance notice of proposed action to decrease or terminate your food stamps, the proposed action will not be taken until a decision is made at your conference.

If you are not satisfied with the local social services agency's action following the conference, and you want to request that your food stamps be continued as usual until a hearing decision is received, you must file an appeal within two days following the date of the conference. If you do not request a conference but file your appeal within 10 days of your advance notice of action to decrease or terminate your food stamps, your benefits may be continued until a hearing decision is reached. However, if the agency action is upheld, you will be required to repay benefits received during the appeal process.

If you wish to request a hearing, follow the instructions on the front of this form.

The person who conducts the hearing is someone from the State Department of Social Services, not someone from your local social services agency. The hearing officer makes a decision on your appeal.

You will be notified of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call your service or eligibility worker immediately. If you need transportation, the local agency will provide it. You may bring a representative and/or witness to the hearing to help you tell your story. Your eligibility worker, a local agency supervisor, and possibly other agency staff who know about your case may also be at the hearing to tell how the agency's decision was reached.

At the hearing, you and/or your representative will have the opportunity to:

- (1) examine all documents and records which are used at the hearing;
- (2) present your case or have it presented by a lawyer or by another authorized representative;
- (3) bring witnesses;
- (4) establish pertinent facts and advance arguments; and
- (5) question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

The decision or recommendation of the hearing officer shall be based exclusively on evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In such an event, you and the local social services agency would be given the opportunity to question or refute this additional information.

You will be notified in writing of the hearing officer's decision on your appeal within 60 days of the date your appeal request is received by the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency; consequently, if you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you desire free legal advice you may contact your local legal aid office.

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FOOD STAMP SANCTION NOTICE FOR NONCOMPLIANCE WITH A WORK REQUIREMENT

FORM NUMBER - 032-03-174

PURPOSE OF FORM - To inform households of reductions or terminations in their food stamp allotments due to sanctions for refusal or failure to comply with Employment Program requirements. The agency must also send this notice to notify households or individuals of the disqualification caused by quitting a job or reducing work without good cause.

USE OF FORM - The EW must complete this form after there is a decision to sanction an individual or household. NOTE: If there must be simultaneous sanctions in both TANF and food stamps for the household's failure to comply with a work requirement, the agency must complete a joint Advance Notice of Proposed Action (0320030018) instead of this form.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The original must be sent to the household. The copy must be retained in the Food Stamp case record.

INSTRUCTIONS FOR PREPARATION OF THE FORM

The agency must send this form for all employment program sanction situations, and findings of voluntary quit or work reduction, except for simultaneous TANF and food stamp sanctions as noted above. The agency must send the form even if the certification period is expiring or the household had previously been notified of adverse action for some other reason on another form.

Enter the appropriate identifying information at the top of the form.

Enter the name of the person who did not comply, and the requirement with which he/she did not comply. Obtain information from the Employment Service Worker for violations related to work registration other than failure to complete the registration form.

Check the appropriate entry to indicate if the entire household or if only an individual is to be sanctioned. List the months of the sanction, the reduction in benefits and the effective date, as appropriate.

Enter the date by which an appeal may be requested in order to continue benefits at the original amount. Enter the day that is 11 days after the date of mailing.

Complete the information at the bottom of the form.

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

FIPS

ADAPT VERIFICATION FORM

Case Name:	ADAPT Case #: Legacy Case #:	Residence Verification:
Programs:	Application/Renewal Date:	Identity Verification:
Authorized Representative/Identity Verification:		Interview Date: Face to Face Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Reason:

1. Resources:

2. Vehicles:

Per#	Type/Code	Verification	Per #	Identifier	Verification
					DMV <input type="checkbox"/> Match <input type="checkbox"/> No Match Date _____

3. Earned Income/Unearned Income:

Per#	Type/Code	Verification

VEC ☐ Match ☐ No Match Date _____ SVES ☐ Match ☐ No Match Date _____ APECS ☐ Match ☐ No Match Date _____

4. Shelter Expenses:

5. Day Care/Medical/Support Expenses:

Per#	Type	Verification	Per #	Type	Verification

UTILITY STANDARD ☐ Y ☐ N ☐ 1-3 ☐ 4+

PHONE STANDARD ☐ Y ☐ N

HOMELESS STANDARD ☐ Y ☐ N

REASON FOR ENTITLEMENT TO STANDARD

Documentation of Circumstances:	Amount/Type	Emergency	Verification
	<p>Remember: Enter Sanction Period (POI) in ADAPT</p>		

<input type="checkbox"/> Deprivation <input type="checkbox"/> Living with Specified Relative <input type="checkbox"/> Immunizations <input type="checkbox"/> Truancy <input type="checkbox"/> Excluded Persons Reason <input type="checkbox"/> FS Work Requirement Exemption <input type="checkbox"/> FSET ESP VIEW Registration or Participation <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Sanction/Penalty <input type="checkbox"/> Resource Income Transfer <input type="checkbox"/> Disability/Aged <input type="checkbox"/> Health Insurance <input type="checkbox"/> HIPPA/Medical Questionnaire <input type="checkbox"/> Medicaid Assignment of Rights (Indicate Person(s) Ineligible) <input type="checkbox"/> Pregnancy Conception Date Estimated Due Date <input type="checkbox"/> Other Specify: _____	
--	--

<input type="checkbox"/> DCSE <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation: _____ <hr/> Good Cause: <input type="checkbox"/> Exists <input type="checkbox"/> Does Not Exist
--	---

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Evaluation of Eligibility**9. Programs:** ☐ Medicaid ☐ GR ☐ AG ☐ SLH ☐ TANF-EA ☐ RRP**10. Case Number****11. Retroactive Medicaid Determination:**

	Retroactive Period From:	to:
	Service in past 3 months: <input type="checkbox"/> Y Date <input type="checkbox"/> N	

11. Institutional Status:

<input type="checkbox"/> NF	<input type="checkbox"/> CBC	<input type="checkbox"/> ACR/AFC	Date Entered	ACR/AFC Rate
DMAS-96	<input type="checkbox"/> Y <input type="checkbox"/> N	SAR	<input type="checkbox"/> Y <input type="checkbox"/> N	Community Spouse? <input type="checkbox"/> Y <input type="checkbox"/> N

13. Income:

Type	Countable Y/N	Calculations/Comments:	Amount
INCOME LIMIT:			TOTAL COUNTABLE INCOME:

14. Resources

Type	Countable Y/N	Calculations/Comments:	Amount
RESOURCE LIMIT:			TOTAL COUNTABLE INCOME:

15. Spend-down Calculation:

Period	Person(s)	Countable Income	Income Limit	Excess Income

16. Medicaid Covered Group:

--

17. State/Local Hospitalization:

Person(s)	Service Date(s)	Provider(s)	Applied within 30 days? Y/N

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18. General Relief Maintenance:

Period of Unemployment:	Applied for SSI? <input type="checkbox"/> Y	Date:	<input type="checkbox"/> N
SSI Decision Appealed? <input type="checkbox"/> Y <input type="checkbox"/> N	Release of SSI Check Signed? <input type="checkbox"/> Y	Date:	<input type="checkbox"/> N
<input type="checkbox"/> Full Standard	<input type="checkbox"/> Modified Standard	Reason for Modified Standard:	

19. Emergency Assistance:

Date and Reason for Emergency:	
Assistance Previously Received: <input type="checkbox"/> Y <input type="checkbox"/> N	Dates and Amounts Received:

20. Comments:

--

21. Disposition:

Food Stamps	TANF	Medicaid	TANF-EA/GR/AG/SLH/RRP
Certification Period: to			

22. Signatures:

EW Signature	Date	Supervisor Signature	Date

PARTIAL REVIEWS AND CHANGES

Program	Action Date	Effective Date	Reason for review, methods and dates of verification	Worker's Signature and Date (Supervisor's Signature/Date)

PART XXV FOOD STAMP EMPLOYMENT & TRAINING PROGRAM

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PART XXV FOOD STAMP EMPLOYMENT & TRAINING PROGRAM

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- a. Training placements must be based on an assessment that indicates training is necessary to improve the registrant's employability.
- b. Training programs to which registrants may be referred include, but are not limited to:
 1. Computer classes,
 2. Vocational Rehabilitation,
 3. Employment Training and Education Programs.
- c. Participation in training programs is limited to the amount of time generally allowed for the completion of the program.
- d. During the registrant's participation in a training program, his/her progress must be monitored to ensure that satisfactory progress, as defined by the training facility, is being made. However, at a minimum, an evaluation may consist of documentation from the training facility that shows the registrant's progress. Registrants who are not progressing satisfactorily may be assigned to another activity that will more adequately move them toward employment.
- e. Attendance must be monitored on an on-going basis. The Time and Attendance Report may be used for this purpose.
- f. The completion of a training assignment may be followed by two weeks of job search.

E. SOCIAL/SUPPORTIVE SERVICE

Social/supportive services may be provided to participants in the FSET program, including volunteers, for expenses that are reasonably necessary and directly related to participation in the FSET program. Agencies are encouraged to explore alternatives to removing barriers if supportive service funds are limited.

If supportive services are essential for participation in a component and neither the registrant nor the agency can provide them, and no alternatives are available, the registrant cannot be required to participate in a component and cannot be sanctioned for noncompliance. In these situations, the participant will be placed in either pending or inactive status.

The need for any supportive services must be linked to needs identified on the registrant's Plan of Participation.

Registrants who have been sanctioned are not entitled to supportive services while in sanction status unless such services are necessary for the participant to perform a verifiable act of compliance.

1. FSET Worker Responsibilities

- a. The FSET worker is a case manager. The worker must assist the registrant in meeting his/her service needs. This may be done directly by the FSET worker or through a referral to a service/social worker or an outside service provider.
- b. When providing social services to recipients, the Plan of Participation may replace the Service Application regardless of the funding source for the service.

2. Social/**Supportive** Services for Registrants

There are four categories of social/**supportive** services available to FSET registrants. These FSET social/**supportive** services may be provided directly or may be purchased.

a. Child Day Care

Child day care services are provided to enable a caretaker to participate in program components.

1. Arrangement for and/or payment of child day care as a supportive service must be provided when the registrant needs this service to participate in component activities.
2. Participants who are parents of school age children are expected to search for a job during the hours that the children are in school. However, if a job interview must take place outside of school hours, childcare may be authorized.
3. Registrants who need day care and who cannot arrange their own may be provided assistance. Payment will be made within the guidelines of child day care policy. Payment may also include child day care related transportation costs.

b. Transportation

This service is provided to enable participants to travel to and from authorized FSET activities.

1. The registrant is primarily responsible for arranging transportation to participate in an FSET component. Transportation will be provided only when the registrant is unable to make his/her own arrangements.
2. Transportation may be provided by any of the following means:
 - a. Agency or public transportation;
 - b. Individuals other than public transportation. In this circumstance, payment is made to the individual provider. Such payment must be pre-authorized and reimbursement cannot exceed the current mileage reimbursement rate. A reimbursement type purchase order may serve as a pre-authorization; or
 - c. Commercial establishments. For example, a client who needs gas for his/her car could receive a voucher that a gas station would honor. Through the purchase order/invoice system, the station would receive payment.

c. Medical/Dental Services

1. Payment for Medical/Dental services must directly relate to FSET activities and exclude medical/ dental services covered by the State Medical Assistance Plan (Medicaid).
2. Medical/dental services include, but are not limited to, payments for medical statements or other necessary medical verifications; and payments for dentures, glasses, orthopedic shoes, or other items needed by participants to participate in a component.

d. One-time Emergency Intervention

1. Payment of one-time crisis expenses is allowable when needed to enable a registrant to participate in an FSET component.
2. Expenses which are allowable include, but are not limited to:
 - a. Automobile repairs;
 - b. Automobile insurance;
 - c. Uniforms;
 - d. Work shoes;
 - e. Purchase of an initial set of tools or equipment.

3. Duration of FSET Services

FSET social/**supportive** services may be provided for as long as the individual needs the service to participate in an FSET component.

F. VOLUNTEERS

A Food Stamp recipient who is exempt from the work registration requirement may volunteer to participate in the FSET program.

1. Agencies may, to the extent they choose, permit volunteers to participate in an FSET component.
2. The same assessment procedures that apply to mandatory registrants will apply to volunteers.
3. Volunteers are not subject to sanction for failure to comply with FSET requirements.
4. The hours of participation in any component may not exceed the hours required of mandatory FSET registrants.
5. Social Services reimbursements/payments for transportation and daycare may only be made for expenses that are reasonably necessary and directly related to participation in the FSET program.

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FSET FORMS

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032-02-080/2	Work Experience Position Form	18-19
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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM
COMMUNICATION FORM

REGISTRANT _____
CASE NAME _____
CASE NUMBER _____
☐ FSET ☐ GR ☐ TANF ☐ TANF-UP

TO _____, EW
FROM _____, ESW

Date _____
Reply Needed By _____

☐ Reevaluation of non-exempt/mandatory status is requested because _____

☐ Individual has failed to comply with program requirements.
Reason _____

☐ Volunteer no longer wishes to participate.

☐ Good cause does not exist.

☐ Individual will enter/entered employment on ____/____/____
#Hours/week _____ Rate of pay \$ _____ Per _____
Employer _____

☐ Notify ESW if aware of good cause reason.

☐ Comparability exists.

☐ Please send verification of employment.

☐ Sanction for (circle appropriate answer)
Until notified of compliance 3 months and compliance
1 month and compliance 6 months and compliance

☐ Individual will enter education or training activity
on ____/____/____
Location _____

☐ Please provide the dollar amount of reduction due to employ-
ment or sanction.

☐ Individual will be a participant in work experience. Please
provide the FS or GR dollar amount for the month of _____

☐ Please notify when sanctioned individual has been added
back to FS unit

☐ Other _____

TO _____, EW
FROM _____, ESW

Date _____
Reply Needed By _____

☐ Result of reevaluation of non-exempt/mandatory status

☐ Effective with payment on ____/____/____, benefits
will be reduced
from \$ _____ to \$ _____

☐ Non-exempt/mandatory individual now exempt.
Reason _____

☐ Individual appealed sanction. Pre-hearing conference scheduled
For ____/____/____ at _____(time)

☐ Volunteer no longer wishes to participate.

☐ Sanction ended effective ____/____/____.
Mandatory registrant has been added back to FS unit.

☐ Individual will enter/entered employment ____/____/____
Hours/week _____ Rate pay\$ _____ Per _____
Employer _____

☐ Amount of FS allotment/GR payment for
month of _____ was \$ _____

☐ Individual/household no longer eligible for FS or GR
Case closed due to: (check one)
☐ Sanction; ANPA sent
☐ Employment; Benefit reduction/savings information
provided below
☐ Other _____
Effective Date: _____

☐ Individual may be unable to participate in ESP/FSET program
because _____

☐ Individual deleted from FS household due to:(check one)
☐ Sanction: ANPA sent
☐ Other _____
Effective Date: _____

☐ New certification period:
from _____ to _____

☐ Individual can ☐ Read English ☐ Write English

☐ Other _____

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EMPLOYMENT SERVICES PROGRAMS COMMUNICATIONS FORM

FORM NUMBER - 032-02-072

PURPOSE OF FORM - To exchange information about ESP clients between the eligibility worker and the Employment Services worker.

USE OF FORM - Either the eligibility worker or the Employment Services worker may originate the form at the time circumstances change for the registrant that require the exchange of information.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - This form is prepared in triplicate. Distribution of the top two copies is indicated on the form. The third copy remains attached to the copy being forwarded, in the event the receiving party uses the same form for reply.

INSTRUCTIONS FOR PREPARATION OF FORM

The name of the registrant, the case name, case number and program are to be entered in the upper right hand corner by the worker who originates the form.

The top half of the form is completed when messages must be communicated to eligibility staff from employment services staff. The employment services worker will check whichever block communicates the desired information or requests the desired information.

The bottom half of the form is completed when the eligibility staff is either returning the form to employment services with the requested information completed, or when the eligibility staff is communicating information to employment services. The eligibility worker will check whichever blocks are applicable to the situation.

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